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p. 43

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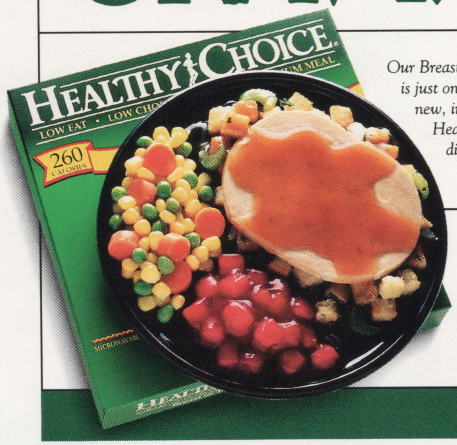

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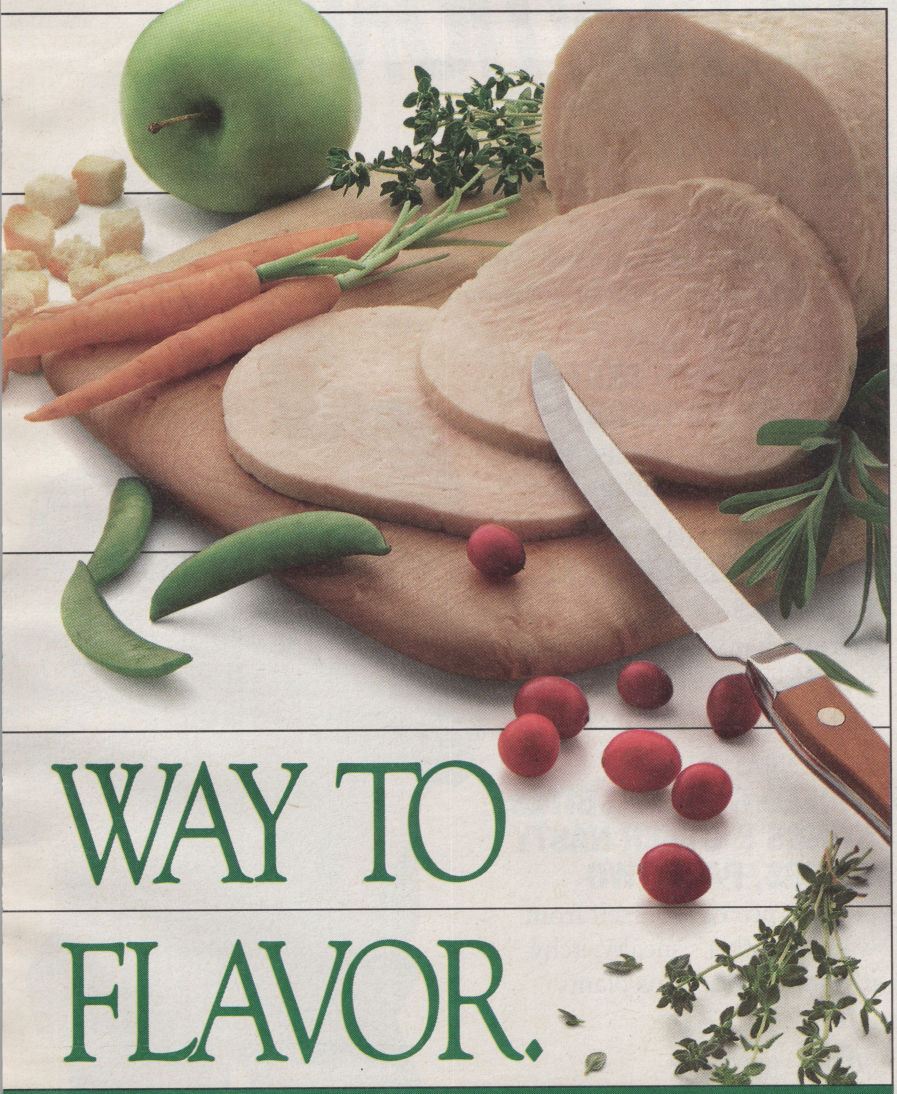

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The key weapon against the breast-cancer epidemic is prevention ■ by Mark Bricklin, Editor

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COVER: Photography by Michael Keller; model, Victoria Bass/Act 1 Model and Talent, Inc.; hair and makeup by Ken-ichi for S.P.O., Int'l., at Barney's; styled by Renee Keith; location courtesy of Doral Saturnia Spa, Miami, Florida.

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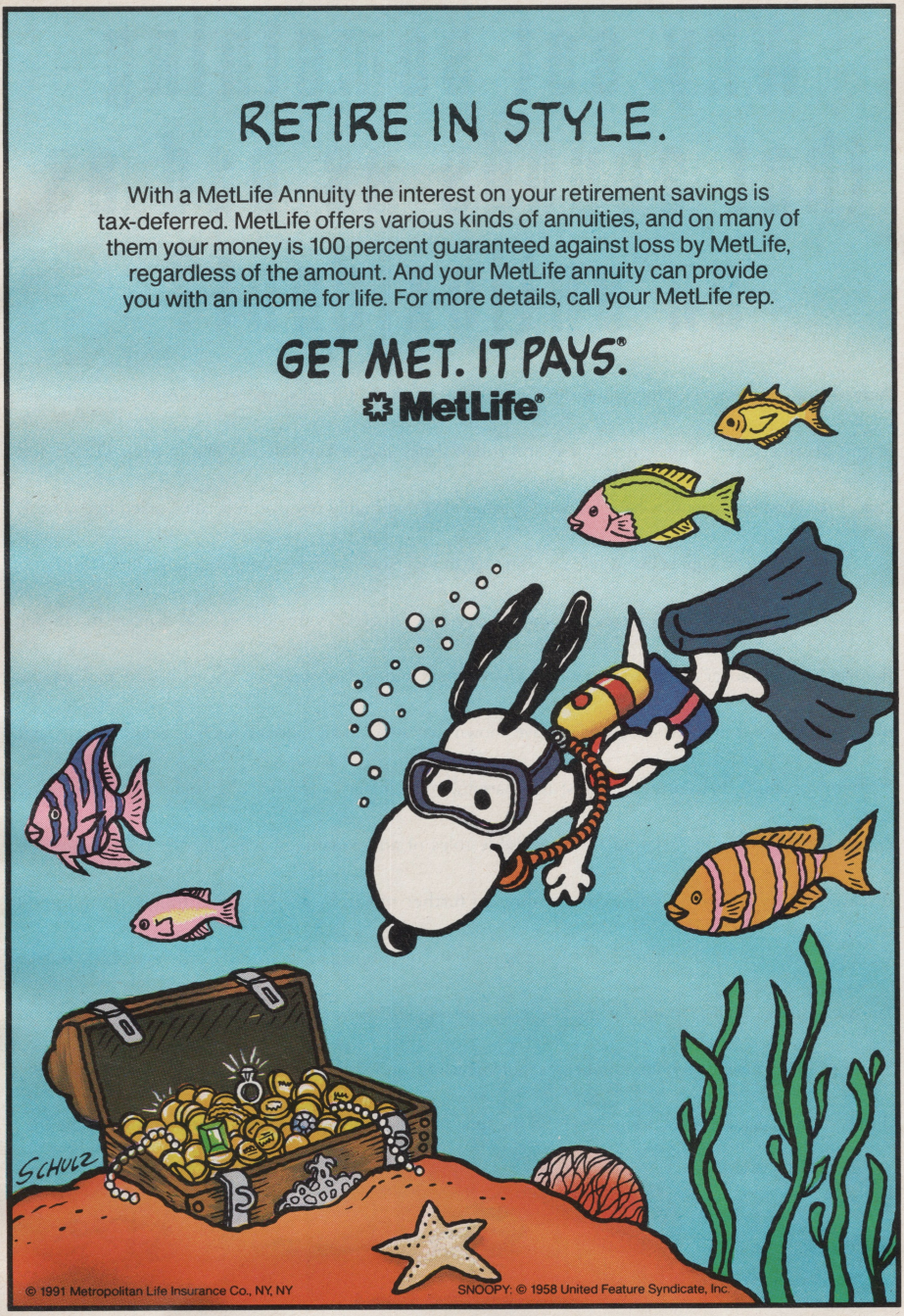
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Why eat something that sounds as bad as an antioxidant?

Antioxidant. It doesn't exactly roll off the tongue. But it's one of the most important words you could ever learn. Because recent studies reveal that antioxidants may play a key role in fighting heart disease and cancer. • You see, scientists have known for some time that highly reactive molecules called free radicals do serious damage to your cells. While you can't see this damage, it can be compared to the rapid browning of a cut apple. And there is increasing scientific evidence that links this free radical damage to chronic diseases such as cancer and heart disease. • That's where antioxidants come in. Scientists are now paying increased attention to them since studies have shown that antioxidant nutrients such as Beta Carotene and Vitamins C and E help protect against this harmful cell damage. • Among the studies currently being conducted are a number relating to the possible roles of antioxidants in reducing the risks of chronic diseases. Early positive findings are leading to further research. • Meantime, follow the Surgeon General's advice. Eat a balanced diet including plenty of antioxidant-rich fruits and vegetables, reduce fat, don't smoke and have regular medical checkups. • For those of you who simply don't eat a good balanced diet, consider a vitamin/mineral supplement or fortified foods such as breakfast cereals and juice drinks. Antioxidant. It's sounding better all the time. • **A health message from Hoffmann-LaRoche Inc.**

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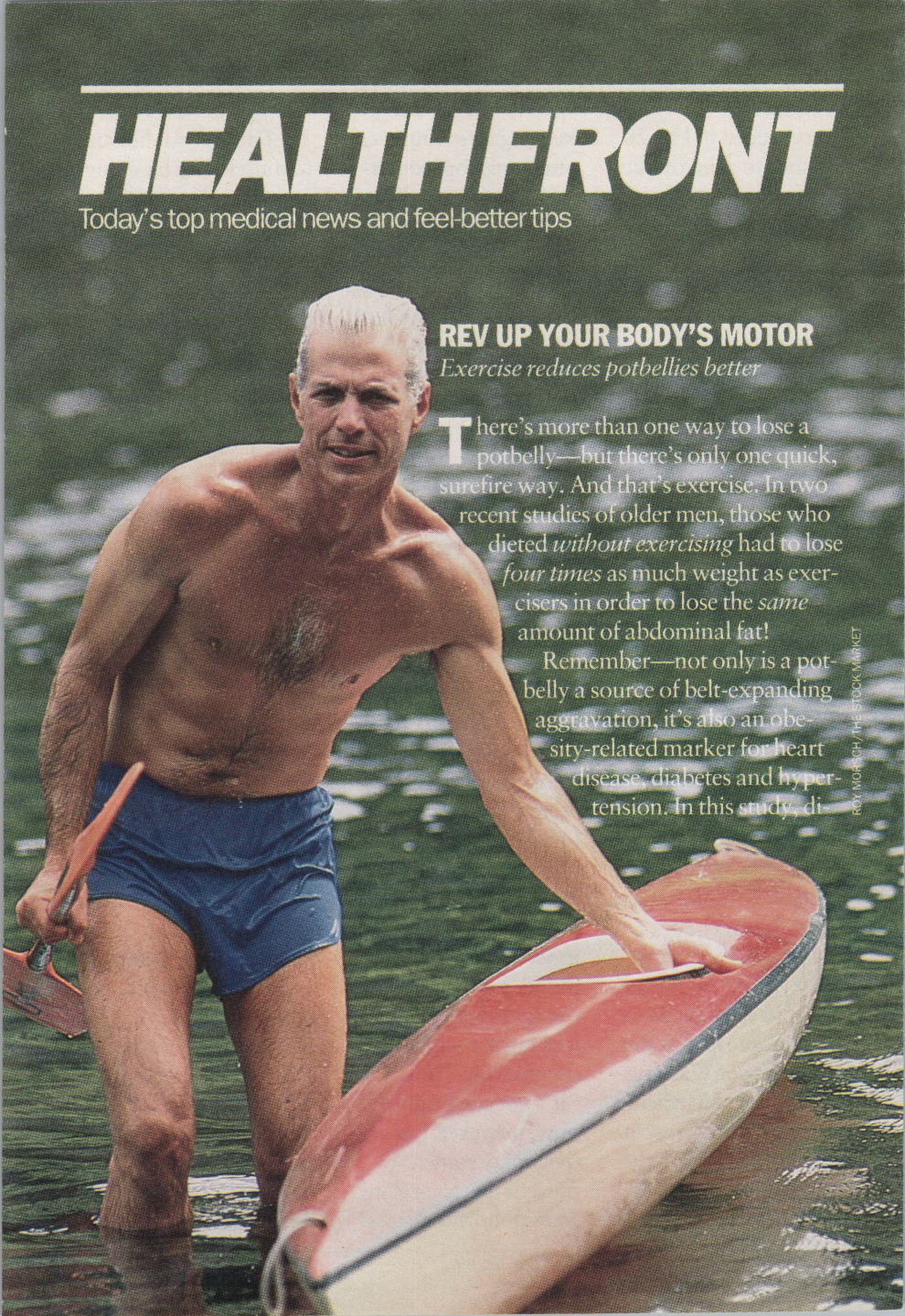

REV UP YOUR BODY'S MOTOR

Exercise reduces potbellies better

There's more than one way to lose a potbelly—but there's only one quick, surefire way. And that's exercise. In two recent studies of older men, those who dieted *without exercising* had to lose *four times* as much weight as exercisers in order to lose the *same* amount of abdominal fat!

Remember—not only is a potbelly a source of belt-expanding aggravation, it's also an obesity-related marker for heart disease, diabetes and hypertension. In this study, di-

RO MOLCHAN/THE STOCK MARKET

eters needed to lose 20 pounds to skim off the same amount of fat from that region that exercisers trimmed by losing only five pounds. Somehow, the exercisers could more effectively target their weight loss.

Each study involved 20 volunteers. One group followed a strict 1,200-calorie-per-day limit for three months, while the other group continued their normal diet over the same period of time (in some cases increasing their food intake) while exercising regularly.

"Exercise may be smarter in the long run than just dieting because it's a lot easier to keep off 5 pounds than it is to keep off 20," says Robert Schwartz, M.D., associate professor of internal medicine and gerontology at the University of Washington School of Medicine. Exercise doesn't just incinerate calories on the spot—it may also raise your metabolic rate, keeping it revving even after you stop exercising. The reward: You burn more calories at rest. You can still eat heartily (providing, of course, it's low-fat fare) because your body's metabolic motor is burning more fuel.

Beyond this metabolic mastery, why is exercise potentially better at targeting the midsection than plain old dieting? "There may be something unique to exercise that creates a preferential weight loss," says Dr. Schwartz.

Exercise may stimulate growth-hormone secretion, which is known to decline in older people. "It's fairly clear that when you give growth hormone to growth-hormone-deficient people, they gain lean mass and lose fat, especially abdominal fat," he says. "It's not clear right now, however, but activity may somehow prevent this age-related growth-hormone loss. That means holding on to muscle and blocking an increase in central body fat that occurs with aging."

THOMAS PAYNE

PAINKILLING BY PHONE

Just a call may soothe joint pain

Reach out and touch someone, and you may ease their pain. A new study suggests that social support—even through something as simple as a telephone call—may be just as effective as painkillers when it comes to reducing aches associated with knee osteoarthritis.

Researchers used monthly telephone contacts to promote self-care for arthritic patients and found significant improvements in pain and mobility measurements during one year of

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follow-up when compared with a group receiving no calls. After reanalyzing the data, they found that these improvements weren't related to any changes in drug treatment or physical therapy (*Arthritis and Rheumatism*, May 1992).

"Social support resulted in improvements that were nearly as great as one might see with prescription nonsteroidal anti-inflammatory drugs," says Kenneth D. Brandt, M.D., professor of medicine and head of the rheumatology division at the Indiana University Medical Center, Indianapolis. "This would certainly suggest that patients might be able to get by with less medication or lower dosages if they have strong social support."

How social support helps may be unknown, but the potential explanation may be as basic as a pat on the back. "Perhaps the contact made patients feel better about themselves," says Dr. Brandt, "or maybe it made them more diligent in complying with recommendations for therapy."

Social support may add an extra boost to existing treatment that offers no downside. "This is a beautiful example of a truly helpful treatment: no side effects, it's inexpensive and it's safe," he says. "This therapy doesn't depend on a prescription pad." Other effective, adjunctive treatments for knee osteoarthritis include isometric exercises, proper shoes, hot and cold applications, and joint protection.

CANCER'S WHITE KNIGHT

Aspirin may cut risk of digestive cancers

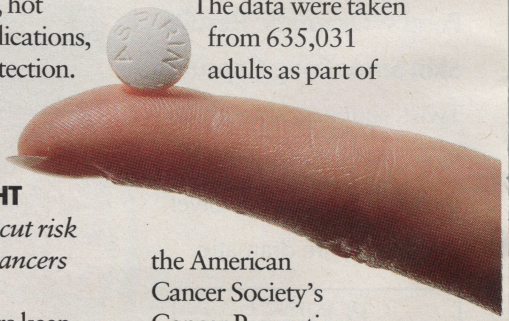
Researchers keep learning more about the potential benefits of that little white pill. A new study, for example, suggests that people who regularly use aspirin may have a lower risk of fatal cancers of the esophagus, stomach and rectum, as well as the colon.

In this study, death rates from all four digestive-tract cancers were roughly *40 percent* lower among men and women who used aspirin 16 times per month or more for at least one year, compared with those who used no aspirin.

The trend of decreasing risk with more aspirin use was strongest among those who used it for 10 years or more.

The data were taken from 635,031 adults as part of the American Cancer Society's Cancer Prevention Study II Database.

"Aspirin's effects may be more profound than we first really thought," says Michael



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Thun, M.D., director of analytical epidemiology for the American Cancer Society. "It blocks the first step in the formation of hormone-like substances (prostaglandins) in cells throughout the body, potentially reducing the promotion of tumors." He adds that aspirin may have some other effect by boosting the immune system's ability to fight tumors, though right now researchers can only speculate about the true mechanism.

"We really don't know for sure if aspirin is the cause of this reduced risk, but studies to find out are underway," says Dr. Thun. "Because this is a new finding, the American Cancer Society does not presently recommend taking aspirin for the prevention of tumors. We know that aspirin can cause serious bleeding and ulcers in some people," he says. "You do want to improve one aspect of health, but not at the expense of another." For now, he advises reducing risk for these cancers by eating a diet high in fruits, vegetables and grains, and low in fat (and, of course, no smoking).

FIXING FAT IN FLUX

Reduce seasonal changes in body fat

If you notice your body's changing shape after winter and spring—don't get down on yourself. It's only as natural as the change in seasons. Researchers from Tufts University found that when they measured 125 women (using a whole-body scanner) over one year, older women may expect seasonal changes in their fat and lean mass even if they keep the same weight and activity levels throughout the year. These postmenopausal women had increases in muscle and bone mass during the summer/fall period and a decrease during the winter/spring period. Their weights didn't change, though the women had a net loss of lean tissue in their legs and a net gain in fat tissue in their trunks.

But don't get bent out of shape: Even though these fluctuations had little to do with physical-activity levels in this study, you can still

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use exercise to smooth them out, according to Bess Dawson-Hughes, M.D., from the USDA Human Nutrition Research Center on Aging at Tufts. "Even though the overall changes are consistent with what we've seen in body-shape changes due to the aging process, stepping up the exercise could help prevent many of the changes."

The loss of valuable muscle tissue (needed to perform essential daily functions), for example, could be reversed with walking and a few strength-training moves—a leg press or a partial squat. Tacking on a few extra walking sprees might help burn off some of the fat.

Dr. Dawson-Hughes hasn't figured out the reasons behind these seasonal fluctuations, but she speculates it may have to do with the brain's hypothalamus-pituitary area, which regulates several major hormones. "These hormones are

PREVENTION PRIZE WINNERS!

Professional and corporate awards announced

Drumroll, please. The annual Prevention Prize, the national award for achievement in preventive medicine and health, has been awarded to an outstanding scientist and to a company with an excellent wellness program for its employees. The Prize is sponsored by *Prevention* magazine.

Kenneth D. Brandt, M.D., director of the Multipurpose Arthritis Center, Indiana University Medical Center, Indianapolis, was chosen by a blue-ribbon panel of medical and scientific professionals to receive the Prize for his ability to go far beyond the prescription pad when it comes to the treatment of patients with osteoarthritis (OA). His accomplishments include research on the impact of treatment with nonsteroidal anti-inflammatory drugs (NSAIDs) and the advancement of exercise and social support to assist patients with OA. His work is having a major influence upon the way physicians treat OA patients and is likely to prevent thousands of hospitalizations and deaths due to NSAID-related side effects. In a study done by Dr. Brandt and colleagues, published in the *New England Journal of Medicine,* results called into question the routine use of NSAIDs, finding that they may work no better than simpler drugs to relieve pain in OA patients.

Also, in a recent study of OA patients, Dr. Brandt and his fellow researchers were able to achieve sustained improvement in knee pain and function—improvement as great as that achieved with NSAIDs—by using simple supportive phone calls to patients. (See page 12 for more on this study.)

Dr. Brandt received the award from Deputy Secretary for Health and Human Services Walter Broadnax, Ph.D., during a ceremony held in conjunction with the release of the annual *Prevention* Index. In recognition of his achievements, Dr. Brandt received a check for $5,000 from *Prevention* magazine.

In the corporate area, Empire National Bank, headquartered in Clarksburg, West Virginia, received the Prevention Prize for its innovative HealthTrack program. This approach to preventive health encourages employee fitness and wellness activities through a series of special events, on-site lectures, food-service programs and other offerings. The program rewards employees for their participation with prizes and honors, using a comprehensive approach that targets every level of the company. And employees get the point. Or points. That's what they receive, anyway, for taking part in stress-management and nutrition seminars, blood-pressure and cholesterol screenings, and fire-safety programs, among others. By entering the points into their own logbooks, employees work their way up to special prizes. The success of this healthy competition is evidenced in the marked improvement in work-force health, with significantly reduced cholesterol levels seen over the past year.

In recognition of Empire's achievements, *Prevention* will make a $5,000 donation to the company's favorite worthy cause.

SUSAN MILLER

IT'S ALL IN THE WRIST

Measuring your blood pressure is fast and convenient with the new Wrist Monitor from Omron. The cuff is easier to put on than a wrist watch — no more rolling up your sleeve for an arm cuff — and automatically inflates in about two seconds. The monitor quickly detects blood pressure and pulse directly from your wrist and displays the reading on a large digital panel. Measuring your blood pressure has never been easier! So if monitoring your blood pressure is part of your daily health routine, check with your doctor to see if the Omron Wrist Monitor can work for you.

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known to influence those soft and hard tissues of the body."

STONE THROWER

Calcium may lower—not raise—stone risk

You don't have to sacrifice your bones in order to roll away kidney stones.

If you're at risk for kidney stones, you've probably been told to lay off the milk and other dairy products. Since most kidney stones are made of calcium with the help of oxalate, it sounds pretty sensible that taking calcium would create only more of these painful pebbles.

Sounds good, but it's wrong. A new study not only refutes this notion but actually suggests that the opposite may be true—that bone-building calcium might even *lower* risk for getting kidney stones.

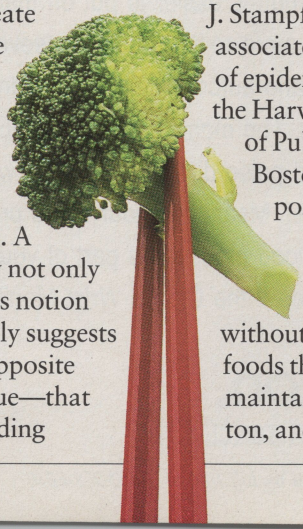
In a prospective study involving 45,619 men ages 40 to 75, incidence of kidney stones and intakes of dietary calcium were tracked.

Men with the highest calcium intake had *only half* the rate of kidney stones of those taking in the least amount. Potassium and fluid intake also lowered risk for stones (*New England Journal of Medicine*, March 1993).

"Dispelling the need for calcium restriction is good news for stone formers," says Meir J. Stampfer, M.D., associate professor of epidemiology at the Harvard School of Public Health, Boston. "It points to a more pleasant lifestyle without restricting foods that help maintain the skeleton, and possibly even lowering risk for stones." That means milk, broccoli and other calcium delights are no longer off limits.

This is brand-new territory. No careful study has put this commonly held belief to the test before, he adds. "It's still unproven, but it could be that calcium may help by binding to oxalate in the gastrointestinal tract, preventing it from being absorbed and excreted in the urine." By binding to oxalate, calcium may offset whatever role it might have played in the creation of kidney stones. So, in fact, what used to be thought of as good for stone formers—calcium restriction—might actually be bad. A lack of calcium may free up oxalate to form stones.

In this study, dietary calcium—not supplements—seemed to lower risk. "That may be because most people



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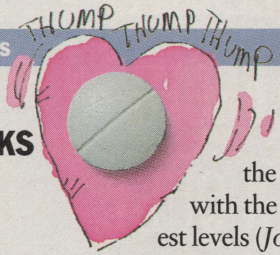
take supplements on an empty stomach or with breakfast, so they aren't getting the benefit of it binding to the oxalate," says Dr. Stampfer. "Calcium needs to be in the stomach at the same time oxalate is there."

Medical-Care News



FOLATE AND HEART ATTACKS

A new risk factor to tackle?

Researchers may have identified a new risk factor for some people that can *triple* their chances of heart attack—and a simple way to protect those people.

Researchers at Harvard Medical School measured the level of an amino acid known as homocystine in a group of 271 men who later had heart attacks and in an equal number who didn't. The heart-attack group had only slightly elevated levels of the amino acid, on average—not even a full point higher than the no-heart-attack group. But the men with the highest levels of homocystine had *three times* the risk of heart attack, compared with the men with the lowest levels (*Journal of the American Medical Association*, August 19, 1992).

Now, doctors have long known that a very rare genetic defect can cause ultrahigh levels of homocystine—and people with that problem die of heart disease at very young ages, even in their teens. But this study measured homocystine levels in normal, healthy people, without this genetic problem. And they were also free of prior heart attack.

In most cases, it's possible to drop elevated homocystine levels back to normal in weeks with folate, a B vitamin, says Meir J. Stampfer, M.D., Dr.P.H., associate professor of medicine and epidemiology at Harvard. "We don't know how high homocystine levels are related to heart attacks, but there's a theory that they could damage the cells that line your blood-vessel walls, which is an early step in heart disease," he says. "There's a lot of work that needs to be done to figure that out—and to determine whether normalizing the homocystine levels affects your risk of heart attack down the line."

Dr. Stampfer estimates that about 10 percent of the population may be in heart-attack danger because of increased homocystine levels. He believes that you may need to be tested if you're a man under age 50 or a premenopausal woman—free of other risk factors

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like smoking, high blood pressure, high cholesterol and diabetes—who has already had a heart attack or has diagnosed heart disease, or if you have a parent or sibling without other risk factors who suffered a heart attack or was diagnosed with heart disease at a young age. A blood test can help you figure your risk. Because many labs don't have the sensitive instruments needed to pick up such tiny changes in homocystine levels, your best bet is a large teaching hospital.

Talk with your doctor about whether you need to be tested—and also before beginning any type of treatment.

HEROIC HORMONE

Beta-interferon blocks multiple-sclerosis attacks

There hasn't been any real good news—or much hope—for people with multiple sclerosis. Until now. Make way for beta-interferon, the first drug shown effective in fighting this disease.

In clinical studies comparing the drug with a placebo in patients with frequent MS attacks, there was a 35 percent reduction in number of attacks and a 50 percent reduction in serious attacks in those who got the real drug.

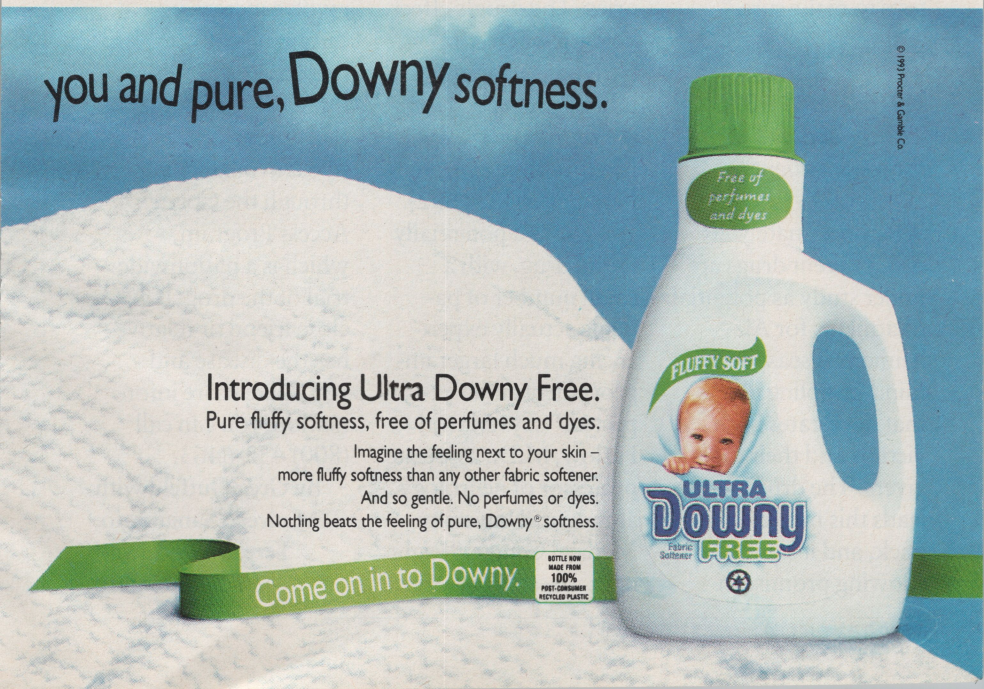
"This drug represents the single most impor-

tant event and advance in the history of MS research," says Barry Arnason, M.D., a neurologist at the University of Chicago and one of the researchers involved in the trials. "We have every indication that this drug can influence the disease favorably and safely, allowing patients to keep on their feet, work and be happy, when all that was impossible before."

Patients with multiple sclerosis suffer from a multitude of problems, ranging from extreme fatigue to poor speech and even paralysis. Some forms of the disease can progress over years, and many patients have attacks and recover somewhat, only to have relapses months or years later. This particular come-and-go type was the one targeted with this drug.

The disease occurs when the immune system's white blood cells turn against and then brutally attack the myelin sheaths that protect nerves. The drug suppresses the attacks by correcting the white-blood-cell abnormality responsible for the mayhem. "Magnetic-resonance-imaging scans of the brains of patients taking the drug showed far less myelin was being destroyed—roughly 75 to 80 percent," says Dr. Arnason.

An advisory committee to the FDA has rec-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ommended the drug be approved. Once it is approved, Dr. Arnason estimates the drug may benefit a wide proportion of the disease's million sufferers worldwide. "The drug was tested on patients having frequent attacks, but we hope it may also help those who have other kinds of the disease," he says. "Patients with a slow-growing type coupled with attacks, for example, might also be treated, though we need more tests to make sure."

ALZHEIMER'S HOPE

Tacrine shows benefit for some patients

Approximately 20 different drugs are under study as potential treatments for Alzheimer's disease—the mind-crippling illness that devastates both victims and their care givers. The drug tacrine leads this medicinal pack, and it's already showing promise in treating patients with mild to moderate forms of the disease.

In a 12-week trial including 468 patients with mild to moderate symptoms, those taking daily doses of tacrine showed improvements in cognitive scores as measured by a disease-assessment scale. In real terms, patients were able to recognize their care givers more, perform more of their chores and improve their short-term memories. The drug's effect held up when compared with patients taking a placebo (*Journal of the American Medical Association*, November 11, 1992).

"This is a potentially useful drug, with a small number of patients actually experiencing much larger improvements than expected," says Martin Farlow, M.D., associate professor of neurology at Indiana University Medical Center. "Right now, it seems only those with mild to moderate symptoms, however, might benefit from the drug."

Ideally, only patients who would clearly benefit from the drug should receive it. As of yet, however, there's no way to determine who'll get better and who won't.

Tacrine probably works by boosting the levels of a brain chemical called acetylcholine, a substance involved in cognitive functioning. "Most of the drugs being tested involve increasing certain neurotransmitters in the brain," Dr. Farlow says.

At press time, tacrine is available only through the Cognex Access Program, which is a nationwide trial of the drug. If a close friend or relative has the disease and you'd like more information, you can call (800) 452-6463.

by Greg Gutfeld with Maureen Sangiorgio, Teresa Yeykal and Beth Higbee

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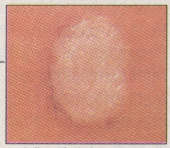

Callus: Thick skin on toes or bottom of foot; caused by pressure and friction.

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Eventually the left hemisphere becomes the dominant hemisphere in nearly all human beings, and we use very little of our right hemisphere, which includes the functions of creativity, intuition, humor, imagination, etc. Relaxation techniques and music seem to activate the right hemisphere and help one to use both hemispheres more effectively to speed up the process of learning and making positive changes.

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NUTRITION NEWS

Scientific discoveries and ongoing research

CAN B_{12} PROTECT HEARING? . . . Adequate levels of vitamin B_{12} may help protect the hearing of people who work in noisy places, speculate researchers who examined a small group of Israeli soldiers. Fifty-seven men in a group of 113, whose average age was 39, had tinnitus—the annoying ringing and buzzing noises in their ears—as well as measurable hearing loss caused by their high-decibel workplaces. Another 29 had some hearing loss, while 27 were unscathed by their loud environment.

When the researchers measured the men's levels of B_{12} (which plays a role in keeping all nerves healthy, not just the ones that aid hearing), they found that ***nearly half the men with tinnitus and hearing loss were deficient in the vitamin.*** Only 19 percent of the men with normal hearing were low in the nutrient. In the men with tinnitus, the lower their B_{12} levels, the louder was their ear ringing.

Adequate levels of the vitamin probably won't help once the damage is done, the researchers think. They point out that nerve damage caused by B_{12} deficiency—and other causes—is usually irreversible. Wearing ear protectors—or better yet, getting a quieter job—can help prevent further damage. For possible preventive purposes, good food sources of B_{12} include lean meat, poultry, fish, shellfish and dairy foods (*American Journal of Otolaryngology,* March–April 1993).

FISH TALES . . . There are strong indications that ***eating the whole fish (not just the omega-3 fatty acids) may be the best medicine for your heart and your overall health:***

■ A Dutch study, which followed 175 people between the ages of 64 and 87 for three years, found that the ***folks who usually ate fish were least likely to become glucose intolerant.*** As little as an ounce per day was linked to this benefit (*Diabetes Care,* November 1991).

■ The more often a group of Norwegians ate fish, the higher their blood levels of omega-3 fatty acids were. But the researchers (who are conducting the Tromso Study, a long-term survey of the diet and health of nearly 22,000 peo-

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ple who live in that Arctic Circle city) say that apparently ***just one fish meal a week can modify the fat levels in the blood for the better*** (*American Journal of Clinical Nutrition,* July 1992).

■ New evidence that omega-3s are good for your heart comes from Danish pathologists who autopsied fatty abdominal tissue and the coronary arteries of 40 deceased people. They found that ***there was a direct correlation between amounts of omega-3 fat in the tissue and degree of narrowing of the heart arteries due to atherosclerosis*** (*American Journal of Clinical Nutrition,* July 1992).

■ And finally, in a study so preliminary it hasn't been published yet, Australian doctors found that ***cholesterol went down more in people who ate fish every day for 12 weeks than it did in people who got the same amount of omega-3 from fish-oil capsules.*** In this study, even when both groups were eating a low-fat diet, men who ate fish had the greatest reduction in cholesterol (*Medical Tribune,* May 21, 1992).

Some researchers suspect that some unknown but beneficial substance in whole fish is lost when the oil is processed out, but it may be several years before that is known for sure. In the meantime, adding a few fish meals a week to your menus can't hurt—and it could help your health a lot.

■ ■ ■

CHOLINE AND MEMORY . . . The group of vitamins sometimes known as the "little Bs" appears to play a role in making other healthy little Bs—babies.

Earlier this year, the Centers for Disease Control and Prevention recommended that women who are trying to conceive should get adequate amounts of one of the little Bs, folate, to prevent crippling neural-tube defects. Now attention—albeit preliminary—has turned to another little B: choline.

Choline is the building block of acetylcholine, a member of a group of chemicals called neurotransmitters, which are essential to normal brain function, especially memory. In studies with rats done at Columbia University, pre- and postnatal choline supplements boosted memory in baby rats who were made to run mazes. Those supplemental doses of choline given only during infancy were sufficient to maintain the memory-enhancing effects even when the rats were grown. Researchers don't know if the same thing happens in humans, but the Columbia team notes that breast milk is very rich in choline, especially in the crucial first days after birth. Choline is added to infant formula, but there is less of it there than in breast milk.

by Martha Capwell with Teresa A. Yeykal

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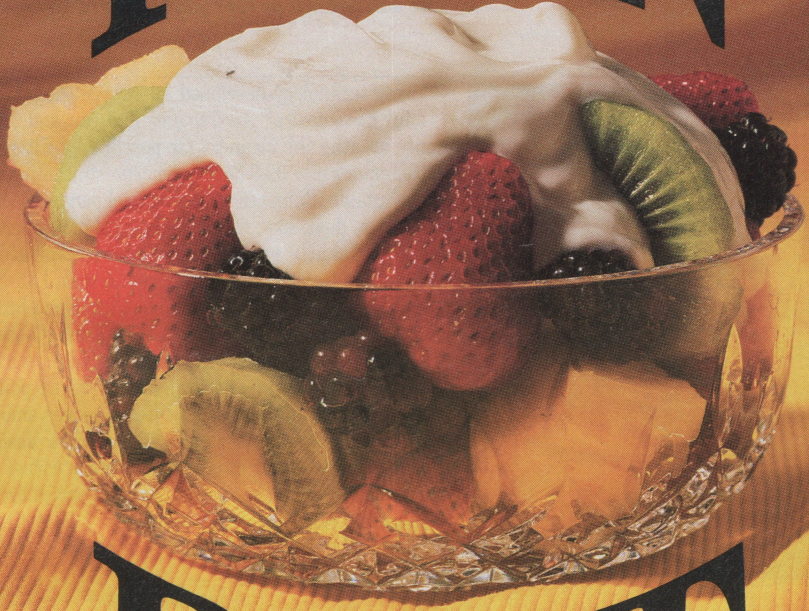

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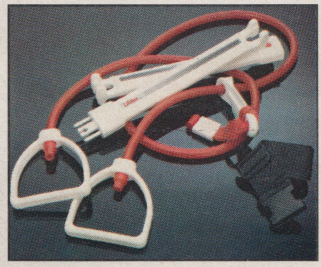

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MAILBAG

Letters from *Prevention* readers and Walking-Club members

ECSTATIC EMPOWERMENT

I don't know how many doctors, friends, family and other well-meaning people have been after me to lose weight. I couldn't stand their good intentions and "caring."

Then I happened to read *Prevention* while visiting the United States. "Hey," I thought, "this magazine is speaking to ME!" Advice like, "strolling is also good" and "if you want to lose weight, don't go on a diet," plus the "Body Makeover" stories were so inspiring that I immediately took out a subscription and started the *Prevention* Program. My husband joined me. We use *Prevention* recipes, started walking and started losing weight! I have already lost 40 pounds in five months. Thank you, *Prevention* magazine!

Gila Gilboa
Rehovot, Israel

ONE UP ON APPETITE

The first step for me was admitting that I am a "foodaholic." I think about food constantly: when, where and how much. I think of how I will prepare it and if I will have leftovers for later that night.

I got my obsession under control by realizing the reasons food is such a big part of my life: I eat when I am bored, depressed or upset. Now when I feel I may get out of control, I stand back for a few minutes to think the problem out. Nine out of 10 times I can come up with a much better solution than bingeing.

I also educated my tongue to enjoy eating fresh vegetables and fruit. I learned to squeeze lemon and sprinkle garlic pepper on my salads. I can actually taste the vegetables, and they are delicious! While preparing dinner, I have a bowlful of sugar-free gelatin, lettuce and fresh veggies to nibble on. When I sit down to eat, I am already full on very few calories!

I started walking every day just 15 minutes at a time—7½ minutes out and 7½ minutes back. At first I could hardly wait until I saw my front door so I could collapse on the couch. But now, I walk for an hour at lunch and an hour in the evening. I come back full of energy and feeling so good I can hardly sit down.

I have been diabetic for 23 years, and getting as heavy as I did jeopardized my life. My weight when I

WORLD FOOD DAY

OCTOBER 16, 1993

World Food Day, now in its 13th year, is observed worldwide. In the U.S., the 450 voluntary organizations which make up the National Committee work together with 20,000 community organizers to increase awareness, understanding and year-around action in the struggle to overcome hunger and build world food security for all. To find out how you or your organization can become involved contact:

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started was 229. Now I am 148, with 8 pounds to go to my goal weight. I have reduced my insulin need by more than half and have never felt better in my life.

Margaret Mary Tait-Root
West Lawn, Pa.

QUICKER HELP FOR DIABETES

As an insulin-dependent diabetic for the last 13 years, I must take exception to the advice given to guard against low-blood-sugar reactions ("Reverse Diabetes," July 1992). You said to be prepared with glucose tablets or salt-free pretzels. While glucose tablets are a good suggestion, the pretzels are not. For one, carrying a bag of pretzels in one's pants pocket is impractical. More important, a complex carbohydrate like pretzels may not break down fast enough to counteract the effects of a very low drop in blood sugar. (It's never worked for me.) A much better suggestion would be small packets of dried fruit, such as raisins or apricots.

Bob Golombik
Fairfax, Va.

Editor: Good catch, Bob! You're absolutely right. Pretzels are not a good choice. The American Diabetic Association recommends ½ to ¾ cup of fruit juice or ½ can regular (not diet) soda, five or six pieces of hard candy, ¼ to ⅓ cup of raisins, or two or three glucose tablets (5 grams each).

IT'S IN THE NERVE

Thanks for the article "A Toothache That Isn't" ("Health Front," February 1993), about how some patients with trigeminal neuralgia (TN)—a facial-nerve disorder—are incorrectly treated for dental problems. Last October, I was finally diagnosed with TN. Of course, this was after three trips to the dentist, whose diagnosis was that I must be grinding my teeth at night.

After four months of excruciating pain and frustration, I finally went to my family doctor, who identified my problem as TN. He prescribed medication and referred me to a neurologist, under whose care I have been ever since.

Continued on page 138

SPECIAL ANNOUNCEMENT TO OUR SUBSCRIBERS

In order to continue to give you the very best and fastest service possible, we've recently moved our subscription fulfillment operation. As you may already have noticed from subscription invoices or renewal notices, we now have a new address for you to use in all matters concerning your subscription (including changes of address and questions about missed issues, bills and so on). Effective immediately, the new address for all such correspondence is:

Prevention Customer Service
P.O. Box 7319
Red Oak, IA 51591–0319

Or you may call us in Iowa at (515) 242-0281.

Please note that this change applies to subscription service only. Our editors and publishing staff are still in Emmaus, Pennsylvania, just like always (haven't moved, never will!).

If you've recently sent a subscription question to our Emmaus address, don't worry—it has already been forwarded to our Iowa address. Thank you!

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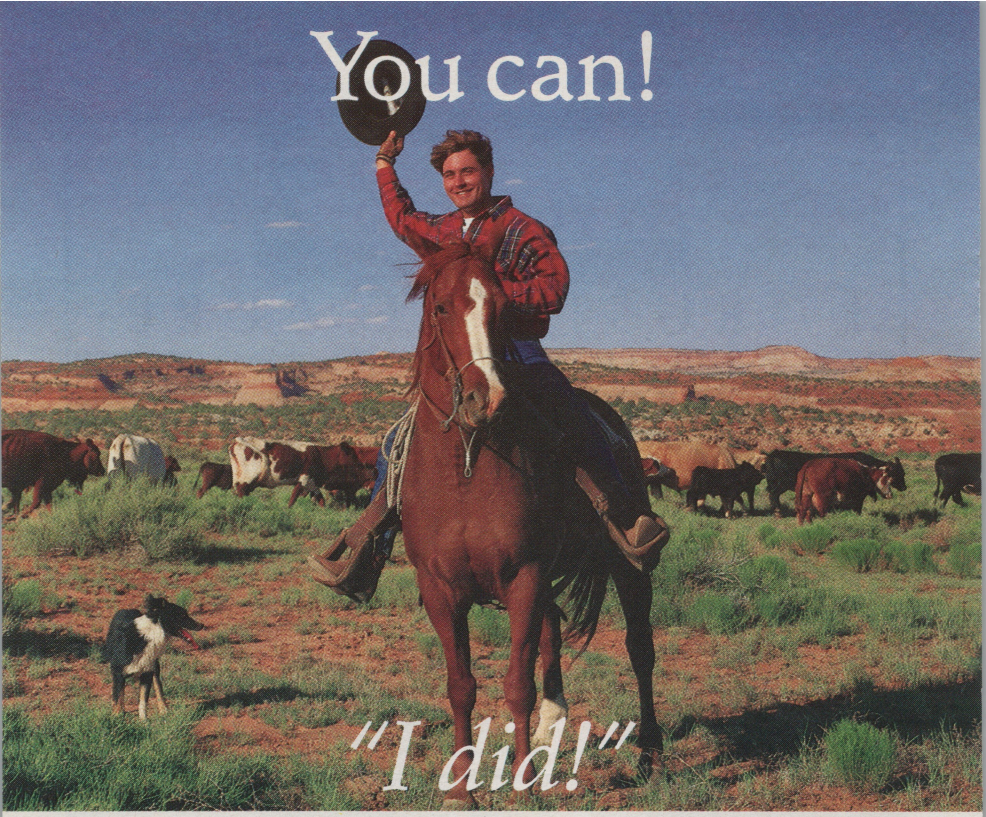

City slicker finds new life on the range. *Paul Kovach, of Port Vue, Pennsylvania, was ready for a trip to Florida with friends—when they canceled. Paul says:*

"A week's vacation, and no place to go. Then I read in Rodale Press's *Men's Health* about 'camps' for big boys. One was at a working cattle ranch on Boulder mountain in Utah's high desert. Ya-hoooo!

"I'm from Pittsburgh. Suddenly, I found myself driving cattle 60 miles to fresh grazing land! I instantly felt much better about myself, and began to see what's important in life.

"I've just come back from my second annual drive. 'City slicker'? When you call me that, smile!"

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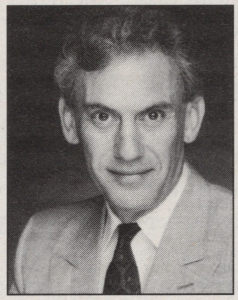
LET'S DECLARE WAR ON BREAST CANCER!

The key weapon against the breast-cancer epidemic is prevention ■ *by Mark Bricklin, Editor*



THE TIME HAS COME to turn the tide against breast cancer. Heart attacks are already on the run, with the death rate falling by about one-third over the last decade.

Breast cancer shows no such signs of retreat. Despite much research and new treatments, the breast-cancer mortality rate has changed hardly at all.

A new group called the National Breast Cancer Coalition (NBCC) is going all out to change this. Breast cancer should be seen as an epidemic, not just "a problem," they believe. And our country needs to swiftly launch a comprehensive war on breast cancer that attacks it on all fronts—basic research, education of the public and more innovative treatments.

Last year, breast-cancer research finally got a big boost in funding at the federal level, largely because of the work of the coalition. But Fran Visco, president of the coalition, wants to make sure this higher level of energy is maintained—or even supplemented.

She points to the recent Mammography Quality Standards Act as an example of shortfall. Though the bill has been enacted, there's so far been no funding for it. Which means that many women will continue to get mammograms of inferior quality. Also, many women get no mammograms at all, sometimes because their physicians don't urge them to.

Though nearly $200 million is expected to be spent this year by the National Cancer Institute on the breast-cancer research front, that's less than a dollar per person.

The weakest area of all is prevention, says Kay Dickersin, Ph.D., of the University of Maryland Medical School and co-chair of the coalition research task force.

Though she feels that "a fair amount has gone into finding a cure," the most important thing is "to work at prevention." She agrees that breast-cancer screening measures like mammography are crucial, but fears the public may have been led to believe that early detec-

tion equals prevention. The two are not the same.

What can we do now that might help us prevent breast cancer?

Well, there are intriguing possibilities, though nothing like the firm guidelines we have for preventing heart disease. Though these possibilities are just that, at least we can say they're known to promote good health in other ways, so there is little wasted effort.

■ Eating a lot less fat is one good candidate for prevention. Breast-cancer rates are very low—as much as 80 percent lower—in countries like Japan and China where fat consumption averages less than half of what most Westerners consume. But this protection is not racial: When Japanese women migrate to America, their children quickly develop the same risk of breast cancer as Americans.

One staunch supporter of the fat hypothesis is David P. Rose, D.Sc., M.D., Ph.D., chief of nutrition and endocrinology with the American Health Foundation, a leading preventive research organization.

Although some of the major efforts to find a link between fat consumption and breast cancer in U.S. women have come up empty, Dr. Rose says there's a flaw in this work.

"In the studies done here," he told us, "women who were supposedly eating a low level of fat were, in fact, eating *more* fat than the average Japanese woman."

The level to which fat consumption has to be reduced to protect against breast cancer may kick in at the 15 to 20 percent of calories level, he feels. So few Americans eat this low level that it's impossible to get enough of them in a large study.

■ Fiber, Dr. Rose believes, is another protective agent. He advises eating a wide variety of fiber sources from whole grains, vegetables and fruits.

And it could be more than the fiber in these foods that helps. Many foods contain phytochemicals (natural plant chemicals) that may well help fight breast cancer. It's likely, says Dr. Rose, that substances in these plants that are weakly estrogenic tie up estrogen receptors in the body and thereby block the action of much more powerful female hormones believed to promote cancer.

■ Exercise is the new kid on the block. It's well established that physical activity is linked to lower rates of colon cancer, but now there's a link to breast cancer as well. Research done in China jointly by the Shanghai Cancer Institute and our National Cancer Institute found a relationship. Women whose traditional jobs involve lots of sitting and not much caloric output have an incidence rate about 30 percent higher than average. Women who move and do a lot of physical work have an incidence of about 10 to 20 percent *less* than average. Being in the active group could

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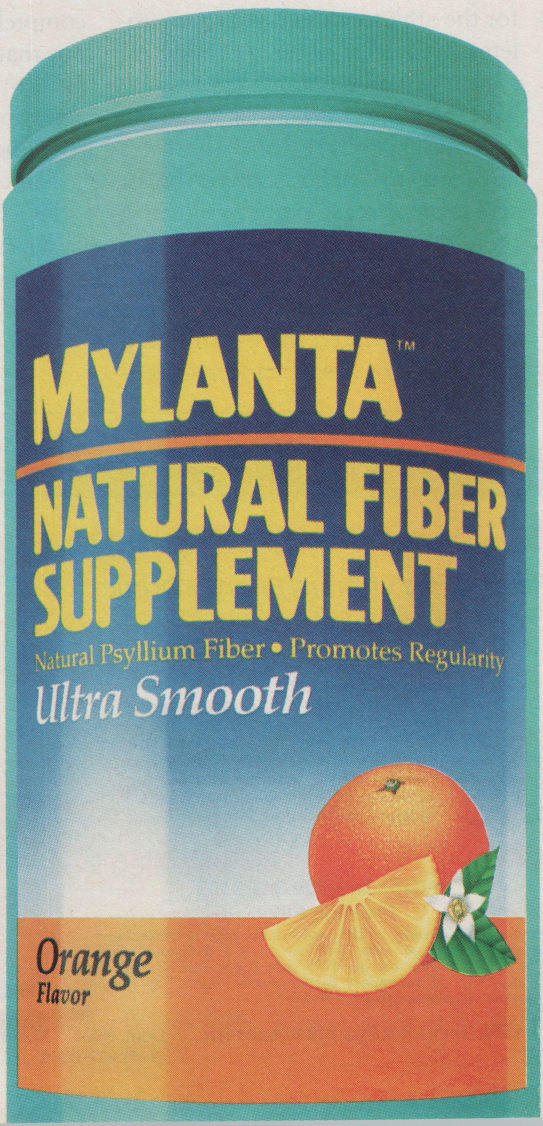

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mean having a 40 or even 50 percent lower cancer incidence than being in the sedentary group.

An American study published last year showed that "the prevalence rate of breast cancer is consistently lower for the athletes than for the nonathletes." (Cancers of the reproductive system were also notably less.)

■ In early detection, which some call "secondary prevention," there are three ways to beat breast cancer: breast self-exam, breast exam by a health professional and mammography.

According to the American Medical Women's Association, if all women followed the established guidelines for breast-cancer screening, one-third of all deaths from breast cancer could be avoided. See "Women's Health Confidential," *Prevention*, July 1993, for guidelines.

Finally, if you agree with NBCC that our country needs to launch a comprehensive war on breast cancer, one that attacks it on all fronts, write to them and ask to add your name to a petition to be presented to our country's leaders. Write to:

National Breast Cancer Coalition
P.O. Box 66373
Washington, DC 20035

Mark Bricklin

with Michele Toth,
Research Associate

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THE 'NO-HUNGER' WEIGHT-LOSS PLAN

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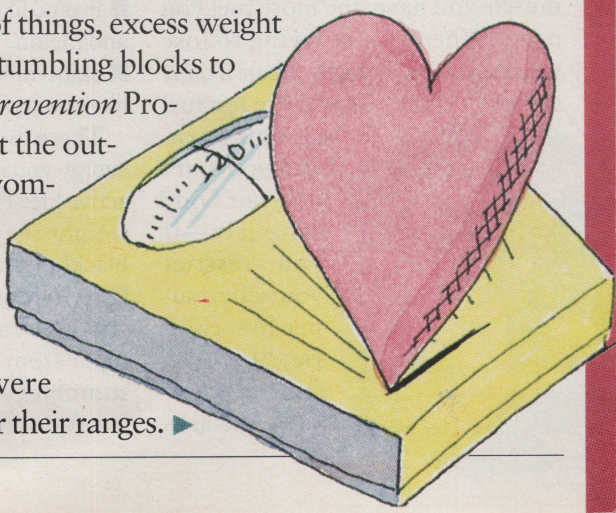
YOU PROBABLY ALREADY KNOW ALL ABOUT WHY you should drop those extra pounds. Healthwise, you can cut your risk of heart attack by 35 to 55 percent and substantially lower your chances of developing other diseases, like diabetes and breast cancer. Your cholesterol, blood pressure and blood-sugar levels will tumble, dramatically improving your health and sense of well-being. Not to mention that you'll again be able to wear that little black dress that's been gathering dust in your closet, or appear in shorts on the tennis court without suffering embarrassment. And from the looks of things, excess weight is one of the biggest stumbling blocks to heart health for our *Prevention* Program participants. At the outset of the program, women participants were an average of about 26 pounds over their ideal weight ranges. Male participants were about 28 pounds over their ranges. ▶

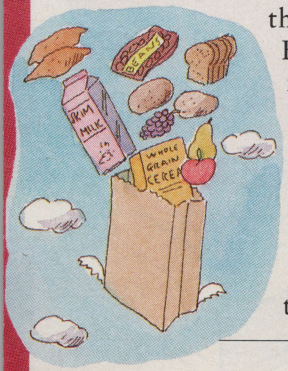


ILLUSTRATIONS BY MERLE NACHT

You know why you need to lose—the big question is how. If you've tried before, you may be haunted by memories of detailed food diaries, scales and measuring spoons to apportion your daily bread. You may recall choking down bowl after bowl of undressed salad and pining for foods you could really sink your teeth into.

But here's some good news. Successful weight loss doesn't have to be that complicated—and you don't have to live on carrot sticks and lettuce. In fact, while you may be able to lose some weight over the short term, drastically changing your diet by cutting out substantial foods and relying too heavily on low-calorie foods may actually sabotage your chances of achieving weight loss that lasts.

Here's why. Food gives you *energy*. Your body needs a certain amount of it to get through the day. And the more active you are and the more muscle you have, the more fuel you need. When you're trying to lose weight, you're aiming to create a daily calorie "deficit" —to take in less fuel than you burn. But if you don't fuel your body properly—if you restrict yourself to super-low-calorie, "low-octane" foods—that's like asking your Chevy to get you across town on "empty." You can end up weak, lethargic and *starving*. "That can stimulate your appetite and may cause you to binge," says George Blackburn, M.D., chief of the nutrition and metabolism laboratory at New England Deaconess Hospital in Boston and *Prevention* advisor. Desperate for energy and feeling deprived, you're likely to backslide—to gain back the weight you lost, *and then some*, by going back to your old eating habits.



The solution is simple. Focus on eating more—that's right, *more*—"high-octane" foods that are naturally low in fat, high in carbohydrates and high in fiber. These five kinds of foods, in particular, are:

- Potatoes and sweet potatoes
- Legumes, like pinto beans, kidney beans and lentils
- Whole grains, like whole-grain cereals, pastas, breads and brown rice
- Fruits, like apples, bananas, berries and melon
- Skim milk and skim-milk products, like cottage cheese and yogurt

These foods not only give you the energy you need to power through an active life. They also can help you lose weight the "no-hunger" way, Dr. Blackburn says. Here's how.

They help keep blood-sugar levels stable. Dramatic swings in blood sugar from feasting and fasting can stimulate your appetite and cause you to overeat.

You can tell high blood pressure by these symptoms:

_____

_____

_____

_____

_____

(Very often, there are none!)

It's hard to believe that over 35 million Americans have a dangerous disease...very often without a symptom. But that's what high blood pressure (hypertension) is like. A hidden illness, yet one of the easiest to detect—and to treat. Untreated, it can affect your brain (stroke), your vision, heart (infarction), blood vessels and kidneys. Anyone can be affected, although factors such as age, sex, race or family background play a role.

Fortunately, there's plenty that can be done to treat this condition. Only your doctor can diagnose hypertension, but you can help head it off through healthier living—reducing weight, cholesterol, salt intake, stress, anxiety and stopping smoking. An improved lifestyle, and blood pressure-controlling medicines can substantially lower your risk for heart attacks and stroke. But the first step is to see your doctor.

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They have half the calories, per bite, as fatty foods. That means you can eat twice as much and still take in fewer calories than you would if you were eating fatty foods. (But, because high-octane foods are so filling, you'd probably be overstuffed if you tried!)

They naturally drive down your fat intake. All you have to do is make sure they're not prepared with too much fat or doused with rich sauces that offset their weight-loss benefits.

Plus, if you focus on adding good-for-you foods to your diet instead of depriving yourself of the fatty foods you've always loved, you may have an easier time sticking with your new-found way of eating. "It's not what you shouldn't eat, it's what you should eat," Dr. Blackburn says.

Here's how this strategy can translate into a 15-pound weight loss in 12 weeks. To lose 1 to 2 pounds a week (the amount experts say is best to aim for if you want weight loss to last), you need to cut about 500 calories a day. You can do that by:

- Drinking one glass of skim milk (instead of whole milk)
- Eating one bowl of oatmeal—a whole grain (instead of a croissant)
- Snacking on fruit—like an apple (instead of a granola bar)
- Having oven-fried potatoes, baked with a bit of vegetable-oil spray (instead of french fries)
- Having a bowl of bean-based vegetarian chili (instead of chili with ground beef).

That's your 500 calories, right there! (And that doesn't take into account your exercise routine, which can burn off another 200 to 300 calories a day.) Most of the calories you cut when you fill up on these high-octane foods are from fat. That's important because fat calories are easily stored by our bodies as fat, while carbohydrates (found abundantly in the five kinds of high-octane foods) are more easily burned as fuel.

Don't worry so much about weighing and measuring how much you're eating. Simply choose these heartier foods first when you're hungry and stop when you're full. You know when you need to eat and when you've had enough. And be a little creative with your meals and snacks. "For example, try low-sugar, whole-grain cereal in the evenings or for a serious snack," Dr. Blackburn says. That's also a way to sneak more skim milk into your diet—something that's crucial for women who need calcium to prevent bone loss as they age. If you're fighting the switch from whole milk to skim, first go to 2 percent, then from 2 percent to 1 percent, then to skim.

by Lisa Delaney

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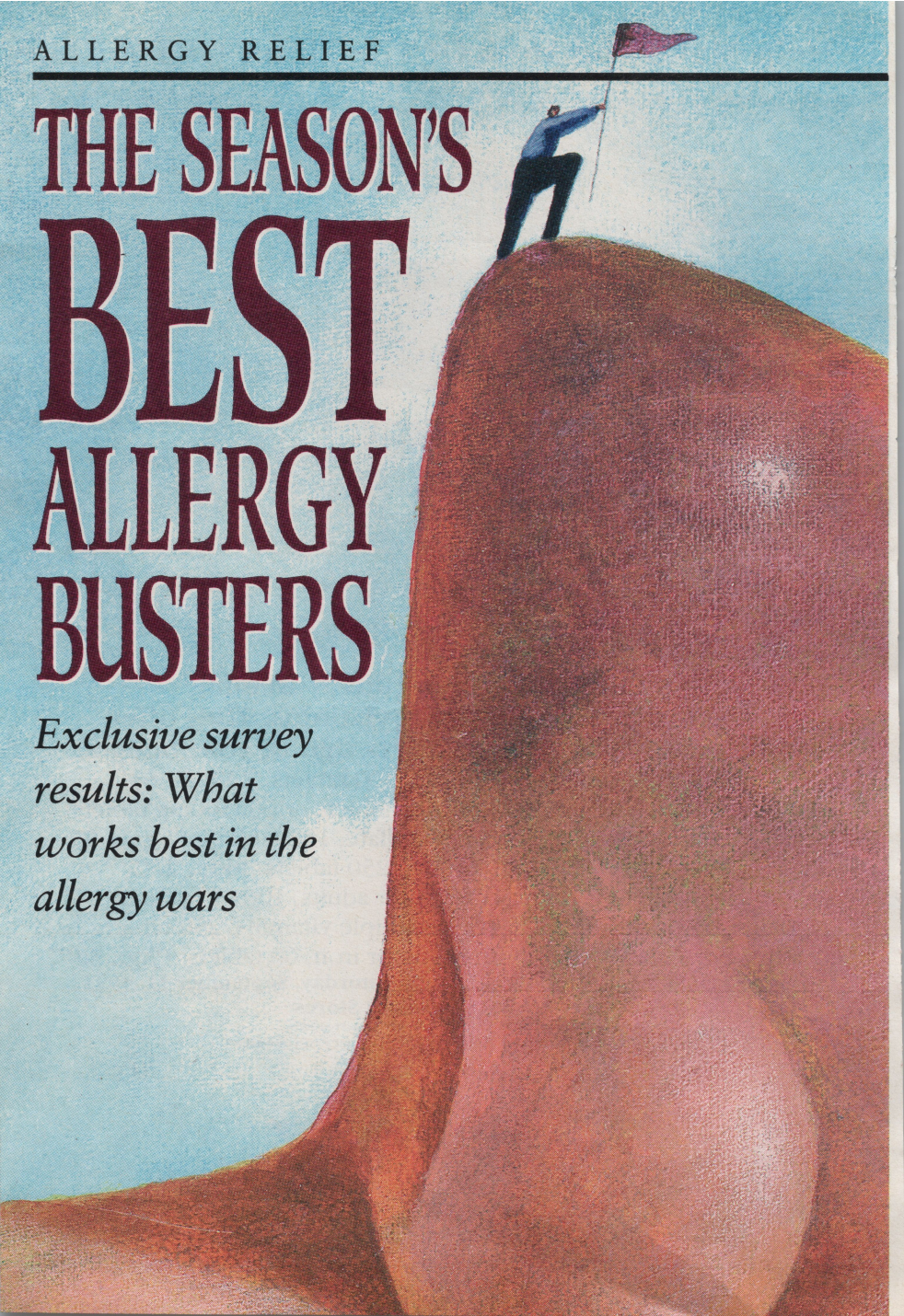
THE SEASON'S BEST ALLERGY BUSTERS

Exclusive survey results: What works best in the allergy wars



ATTENTION ALLERGY SUFFERERS, DON'T THROW IN the handkerchief just yet. You have an ally in the battle against the sneezes and the sniffles. Well, 4,000 allies, actually. ■ That's approximately how many allergy sufferers took time to fill out our special Allergy-Management Survey back in April 1993. And the responses were nothing to sneeze, itch or sniff at. If this survey is any indication, allergies impact lives like one big invisible but ever-present gremlin—always there to tease out a sneeze, plug up a nostril or redden an eye. But take heart—we also asked respondents to come up with the methods they perceive as most effective for beating allergies. And that they did. ■ This report also gets inside the lives of allergy sufferers like never before—describing how allergies affect their jobs, what kinds of medications help, how drug side effects affect them, and more.

DAVE CUTLER

Sure, there were some findings that didn't send us reeling with shock or surprise. Yes, medications were reported to be highly used, and allergen avoidance was perceived as a very effective overall remedy—you don't need a crystal ball to know that. The fact that pollen (the airborne romantics looking for mates but always finding your nose) came out on top as Public Allergen Number One wasn't exactly earth-shattering news, either. But there were surprises we'll touch on later that may change the way you treat your allergies.

To give you an idea of what problems our respondents have been up against, here's a breakdown of the most common allergies they believe they suffer from:

- Pollen reigned, with a whopping 86 percent of respondents reporting it as top allergen.
- Dust and dust mites are big allergy problems, too, aggravating 77 percent of respondents.

YOUR THREE TOP ALLERGY FIGHTERS

Here they are in order of popularity and perceived effectiveness, as rated by our Allergy-Management Survey respondents. We've also included commentary from our experts on whether or not these strategies truly deserve their high and mighty billing.

1. OTC antihistamines and decongestants "Although these may be effective for many people, the survey suggests that the respondents may be missing out on more effective forms of medication–steroids taken by nose spray or inhalation for rhinitis, for example," says Harold S. Nelson, M.D., senior staff physician at the National Jewish Center for Immunology and Respiratory Medicine. "This may be why there's so much drug interference in people's lives, as the survey suggests," says Anthony Montanaro, M.D., associate professor in allergy and immunology at Oregon Health Sciences University. "Newer prescription and OTC drugs that have fewer side effects may help. If you already experience success with little or no side effects, though, then stick to what works."

2. Avoiding dust, smoke, pets, perfume, mildew and other allergens "Avoidance is the only way to really control allergies without using medications," says Dr. Montanaro. "There are a lot of inexpensive things you can do to lower your exposure to allergens that will reduce your need for drugs. One example–covering mattresses to avoid dust mites–is sensible, effective and inexpensive."

3. Air control: air-conditioning, purifying and cleaning "Air-conditioning can be extremely effective, and decreasing humidity can be very helpful in getting rid of dust mites and mold, two of the major in-home allergens," says Dr. Montanaro. "The majority of people who use air cleaners say that they find them to be effective, despite the fact that scientific studies haven't been too supportive." Only HEPA filters have been shown to be somewhat effective under scientific scrutiny, he adds.

■ Animal fur or dander combined to bother 54 percent of the survey takers.
■ Cockroaches and other insects were reported to bug 10 percent of the respondents.

THE IMPACT OF ALLERGIES

Who you see and how often Allergies are mean enough to send roughly 64 percent of our survey takers to allergists for treatment—going beyond the usual trip to a family doctor or pediatrician.

"That's a high percentage, considering there are only 4,000 allergists in this country," says Harold Nelson, M.D., senior staff physician from National Jewish Center for Immunology and Respiratory Medicine. But you may chalk that up to being in the know. "It may be that your readers are better educated than the average health consumer and are therefore more likely to seek out a specialist."

Respondents also report a fairly high frequency of visits to health-care professionals: One of four goes 3 to 10 times per year due to allergies, another 12 percent go more than 10 times a year. "To have that many visits suggests that they may not be getting the right diagnosis or treatment," says Dr. Nelson. Anthony Montanaro, M.D., associate professor in allergy and immunology at Oregon Health Sciences University, agrees. "These folks may have chronic rhini-

Continued on page 119

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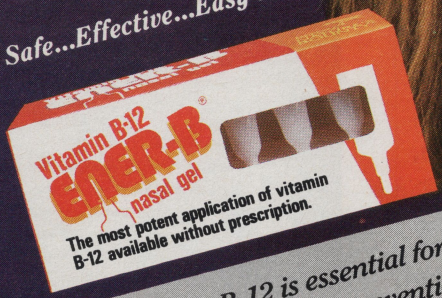

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Quick LIFESAVERS for KIDS

Here's what you can do in 60 seconds to boost the chances of a longer life for your child

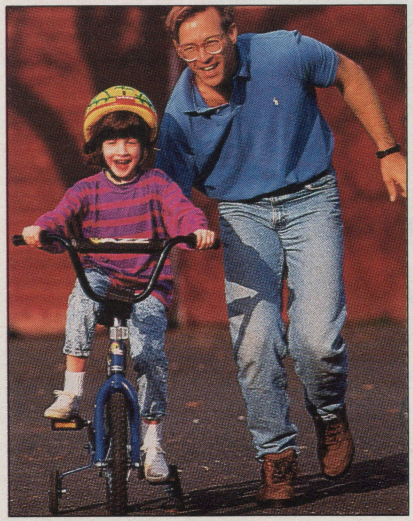
HAVE A MINUTE? GOOD. BECAUSE ONE MINUTE MAY be all it takes to save the life of a child—maybe even your child or grandchild. It all comes down to 60 seconds' worth of child safety. Child safety is an issue that's now receiving more attention from public-health experts. Medicine has overcome most of the diseases, such as polio, that once devastated kids. Now most deaths among children are caused by injuries. The

This article to be featured on "CBS This Morning." See page 4.

causes range from automobile and bicycle collisions to burns and poisonings. Injuries cause 10,000 deaths among children each year. And for every death, 34 more children are admitted to hospitals for treatment.

The good news is that most of these deaths and injuries can be avoided. And it takes only a little bit of effort to do so. Here are some of the most important, easy steps parents can take right now to keep kids safe. In the minute you devote to these actions, you can start to dramatically lower the risk of a child's death or injury. You don't have a minute to lose.

1 If parents took a minute to make sure their children buckle on safety helmets before they ride their bikes, up to 500 lives might be saved every year. Bicycles are associated with more injuries to children than any other consumer product except automobiles. Emergency rooms treat 443,000 children for bicycle crashes each year. Injuries to the head cause most of the deaths and permanently disabling injuries. Helmets could reduce the toll by 85 percent.



Push in the right direction: Regular use of bike helmets protects precious noggins.

J. LAPTAD/WEST STOCK

- When shopping for a helmet, make sure it's certified. Look inside for a seal that says ANSI (American National Standards Institute) or SNELL (from the Snell Memorial Foundation). The best helmets carry both stickers. A hard outer shell provides extra protection in the event of collision with a sharp object. The helmet should fit snugly and comfortably. Helmets range in price from $20 to $150.
- The child should have no trouble buckling or unbuckling it. Teach the child to always wear the helmet with the strap firmly buckled.
- Get yourself a helmet and wear it every time you bicycle—you set a good example, and it might save your life.
- Children who skateboard and in-line skate should also wear helmets, along with protective pads.

2 If parents took a minute to test the paint in their houses for high lead content, millions of children could avoid the risk of irreversible brain and nerve damage. Today, some 3 million children have elevated blood lead levels. The

consequences are grave: impaired IQ, behavior problems and physical problems. As adults, these children are more likely to suffer from high blood pressure, strokes and heart disease. The main culprit: lead paint in older homes, especially those built between 1940 and 1960.

Lead poses the greatest danger to preschoolers, who are most likely to eat chips of paint and are most susceptible to damage during crucial developmental years, says Richard P. Wedeen, M.D., lead expert at the VA Medical Center in East Orange, New Jersey. But schoolchildren and adults are harmed, as well. Most of their exposure comes from inhaling and accidentally eating the dust created as lead-based paint deteriorates.

■ In less than a minute, you can check for lead with a home test kit. Do-it-yourself home test strips are a good first step to tell if you might have a problem, says Dr. Wedeen. They're available in many hardware stores, or you can order them, often less expensively, by mail. One reputable source: Frandon Enterprises. Cost is $23.45 for 40 test swabs or $33.45 for 100 test swabs, which includes shipping and handling. Send a check to Frandon Enterprises, Inc., P.O. Box 300321, Seattle, WA 98103. Credit-card orders are taken by phone: (800) 359-9000. Another is Leadcheck Swabs, available from HybriVet Systems, Inc., P.O. Box 1210, Framingham, MA 01701; (800) 262-5323. Kits come in three sizes and range in price from $6 to $29.95, plus $3.50 for shipping and handling.

■ Another one-minute way to test for lead: Cut a paint sample from a wall or windowsill and put it in a container to send to a laboratory for analysis. Contact your state or local health department or housing authority to get the name and address of a testing laboratory that offers sample analysis. (Don't start cutting out samples until you receive their instructions.) Costs can run from $20 to $50.

■ If testing turns up lead, contact your state or local health department for names of contractors who remove lead-based paint—it's a dangerous job that

RODALE STOCK IMAGES

Get the lead out: Have kids run cold tap water 30 seconds before pouring a drink.

should be performed only by professionals.

■ While deteriorating paint in houses is the main source of lead, it's not the only source. Old cribs and toys may have lead paint. Many housewares, like cups and plates, contain lead-based glazes that can leach into food and drink. Test all your different sets of plates, especially those that are imported. (See "Case of the Anemic Diagnosis" in the September 1991 issue of *Prevention*.)

■ Tap water, at home or your child's school, can be a source of lead. It comes from lead pipes in older buildings or from lead solder that's used to join pipes even in new homes. So use a test strip to check soldered water-pipe joints. In the meantime, teach children to run cold water for 30 seconds before using it for drinking or cooking. And tell them never to use hot water from the faucet for instant soups or hot beverages, since lead is more soluble in hot water. To test soldered joints, you can use a home test kit. To test the water itself, contact the Environmental Protection Agency's Safe Drinking Water hotline at (800) 426-4791. They'll refer you to state authorities, who in turn can give you the number of a local state-certified water-testing laboratory.

Monkey business: Check surfaces under play equipment to ensure safe landings.

■ Teach children to wash their hands frequently and to keep their hands away from their mouths.

■ Many local health departments offer programs to check children for lead poisoning. Take advantage of them and also be on the lookout for early symptoms: tiredness, irritability, loss of appetite, reduced attention span, insomnia and constipation.

3 If parents took a minute to check that the playground their children use has safe, "soft" surfaces, thousands of injuries and up to 20 deaths a year might be prevented. Last year, more than 260,000 children under 15 were treated at hospital emergency rooms for injuries related to playground equipment. An estimated 80 percent of these injuries came from falls, says Monty Christianson, president-elect of the National Society for Park Resources.

■ Take a moment to look around the playground. Are surfaces under swings, climbers and slides composed of loose-fill material like sand, pea gravel (small, roundish gravel bits without sharp edges), wood mulch or wood chips? Generally, this material should be at least nine inches deep.

KENT KNUDSON/WEST STOCK

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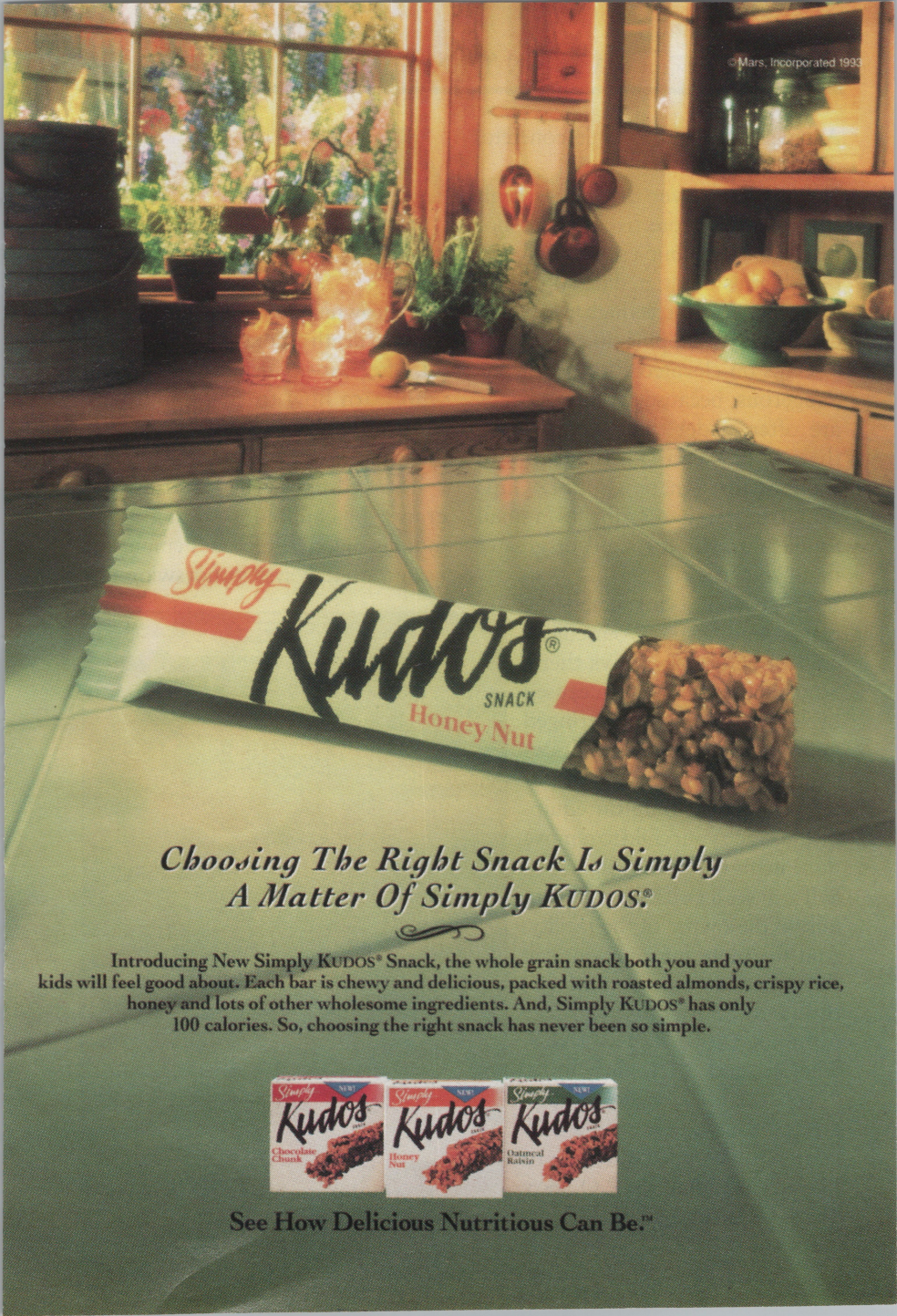

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Avoid surfaces like asphalt, concrete, dirt or grass.

■ Platforms over 30 inches high should have a protective barrier—not just a guard rail but a solid panel.

■ Side rails along a slide should be more than four inches high, to prevent children from slipping off.

■ Gaps on elevated surfaces can be dangerous; because children's heads are often wider than their bodies, their bodies can slip through and their heads can be caught. Gaps should be less than 3½ inches (a small toddler can slip through) or greater than 9 inches.

■ Once you've inspected the playground, inspect your child's clothes before she plays there. Strangulations have been caused by loose clothing and stringed items (like hoods, hood drawstrings, ponchos, scarves and mitten strings) catching on equipment. Teach your child to remove these items before playing.

■ If you see a potential problem, talk to the owner of the facility. And for more information, call the American Academy of Orthopaedic Surgeons' toll-free number, (800) 824-BONES. They'll send a free brochure, "Play It Safe, a Guide to Playground Safety." Or send a self-addressed, stamped envelope to Play It Safe, AAOS, P.O. Box 1998, Des Plaines, IL 60017.

4 If parents took a minute to enroll their children in an American Red Cross–authorized swimming and safety instruction program, nearly 500 school-age children's lives could be saved annually. Drowning is the second leading cause of death among people ages 1 to 24, after car accidents. But children who learn how to swim, and who learn the basics of water safety, are less likely to drown.

■ The Red Cross offers aquatic programs for children as young as six months old. These classes emphasize using the buddy system, not swimming

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Taught by experts: For a safe future in—and around—water, sign kids up for a Red Cross swim- and safety-instruction program.

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where a lifeguard isn't on duty, and learning to stay afloat. Aquatic safety lessons are crucial because most young children drown in unsupervised situations, such as backyard pools (often they fall in during roughhousing) and hot tubs. Make sure the program you enroll your child in follows Red Cross guidelines. For more information, call your local Red Cross chapter.

5 If parents took a minute to turn down the water heater to 120° F. and took other antiscald measures, up to 34 lives could be saved and 400,000 U.S. and Canadian children might avoid scalding injuries each year. Scalds account for more than 50 percent of burns among children, says Scherr Lillico, task force director of the nonprofit Burn Awareness Coalition in Encino, California, a coalition of medical, firefighting and industry organizations. School-age children are most likely to be scalded by tap water, especially in the bath. They might turn on the faucet and burn themselves. Or they may have bath or shower water running while another appliance, like a dishwasher, is running and then switches off—causing the faucet temperature to soar. At 160° it takes a child less than three seconds to develop a third-degree burn.

■ It just takes a moment to turn the temperature on your hot-water heater down to 120°. And it's less expensive to keep water at 120°.

Safe soaking: Lower water-heater temperatures to prevent scalding tender skin.

■ You can purchase antiscald devices, ranging in price from $15 to $75 (not including installation). They can be installed in tubs and sinks. They're especially useful for people who live in apartment buildings who can't control their individual hot-water heaters.

■ Another major cause of scalds among schoolchildren: microwave misuse. Schoolchildren frequently overcook microwaved foods, then they open the packages carelessly and are hit with burning steam. Kids should be taught to follow food label instructions and to open containers away from themselves. If they're too young to read, they're too young to use a microwave. And emphasize that, although a container is cool enough to touch, its contents could still be hot enough to burn.

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6 If parents took a minute to test their garage-door openers every month, the deaths of about five children and many more child injuries could be prevented each year. The garage door is the largest moving object in the home. Between 1982 and 1993, more than 50 children between ages 2 and 14 died when trapped under garage doors with automatic openers. Others suffered brain damage or other serious injuries.

■ Check the unit's reversing mechanism every month, according to the National Safety Council. Place a two-inch-thick piece of wood on the floor of the garage, in the door's path. Then press the control button. The door should reverse within a few seconds of striking the wood. If not, disengage the unit immediately until repairs are made or a new opener is installed.

■ Consider replacing the garage door opener if it's an older model. Units built before 1982 are least likely to have auto-reversing features.

■ Keep the remote controls out of the hands of children. And the push-button wall control should also be out of reach, at least five feet from the floor.

■ Teach children in no uncertain terms not to stand or walk or play under or near the garage door. And tell them that "beat the door" is a deadly game. Be sure you know where the emergency release mechanism is, in case someone is trapped. Teach them to call 911 or another emergency number if an accident does occur.

■ Garage-door-opening mechanisms should also be routinely cleaned and maintained, in accordance with the instructions in the device's manual.

7 If parents took a minute to gather up all medications—from aspirin to prescription pills—and put them in a locked cabi-

No-play zone: Keep kids away from garage doors, and test reversing mechanism monthly.

JEFFRY W. MYERS/FPG INTERNATIONAL

net where children couldn't get them, a dozen deaths and tens of thousands of medical emergencies might be avoided each year. Most people assume that accidental medication poisonings happen only to toddlers who think pills are candy. But poison centers receive 91,000 calls annually about school-age children accidentally ingesting medications. And medications kill about a dozen kids age 5 to 14 each year, according to Rose Ann Soloway, education coordinator of the National Capital Poison Center at Georgetown University Hospital, in Washington, D.C. Research shows that iron supplements—including OTC iron tablets and prenatal vitamins containing iron—are the most frequent cause of unintentional fatal ingested poisonings of children.

■ Keep all prescription and OTC medicines locked up. This goes, of course, for aspirin and other OTC analgesics. Lock up vitamin and mineral supplements, too, especially those that contain iron and look like candy.

■ Don't assume young schoolchildren understand how prescription medication works. Many of them think that if one pill is good, more is better. If they must take medication, you should dole it out, or ask the school nurse or teacher to give it during the day.

Continued on page 127

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A FIELD GUIDE TO Bites, Stings & Other Nasty Things

PART TWO

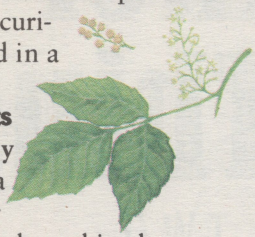
How to protect yourself from warm weather's sneaky, itchy, irritating, poisonous plants

YOU TOUCHED SOME GREEN, LEAFY THING, OR your dog touched it and you touched him, or you think you've got poison ivy, or the aftereffects of stinging nettle or who-knows-what. So now what do you do? This "Field Guide" can help you recognize the symptoms of a run-in, determine what kind of plant did the deed and know what to do to help relieve the itch and ouch. ■ We've organized the information by the observable signs of an encounter—pain, itching, redness and more. The symbols that accompany each section can help you match what you see (or feel) on your skin with our verbal descriptions. Once you identify what ails you, we help you narrow down the

list of possible culprits. Each set of symptoms is accompanied by a treatment plan, for fast relief as well as longer-term care.

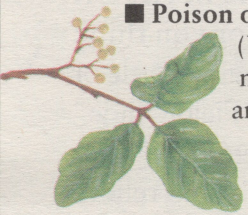
GRASSES, BUSHES AND VINES

Symptoms A maddening itch or burning rash of small red bumps and blisters that may, curiously, extend in a straight line.

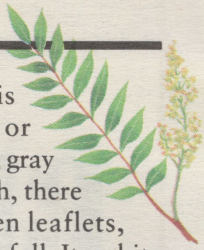


Possible culprits

■ **Poison ivy** May grow as a plant, bush or vine. Look for three shiny leaves on each stem that turn red in the fall, with white flowers or cream-colored berries in late summer. In the winter, flower stems wither but still bear some berries. The plant is toxic even when the leaves have dropped.



■ **Poison oak** A woody shrub (Western varieties may grow as vines and look a lot like poison ivy) with shiny green, oaklike leaves clustered in groups of three or five. It turns yellow in fall and has yellowish or whitish berries and greenish flowers that hang in loose clusters. You'll find it in sandy soil and piney woods. It's common along both East and West Coasts.



■ **Poison sumac** This low-growing shrub or small tree has smooth, gray bark. On each branch, there are 7 to 13 dull green leaflets, which turn yellow in fall. Its white berries help distinguish it from harmless sumacs. Usually grows along streams or in swampy areas.

All of these nasty plants contain urushiol, a powerful, irritating oil that causes a rash wherever it contacts skin of susceptible people—thus the curious linelike rashes. (The palms and soles of the feet are less susceptible because the skin is 10 times thicker there than over the rest of the body.)

Treatment To relieve pain and itching, rinse the skin area with a solution made from one tablespoon of vinegar in a gallon of cool water. Apply calamine lotion to temporarily soothe the itch and help dry the rash. Take an OTC oral antihistamine to relieve severe itching. For minor itching, you may want to try an OTC 1 percent hydrocortisone lotion or cream applied three or four times a day or an OTC anesthetic anti-itching cream containing pramoxine, which can also help relieve the itching and can be safely mixed with topical hydrocortisone. In more severe cases, your doctor may prescribe stronger topical cortisones or recommend an oral corticosteroid, such as prednisone.

Special preventive measures Any contact with urushiol can cause a rash, so

ILLUSTRATIONS BY EBET DUDLEY; GRAPHICS BY SUSAN MILLER

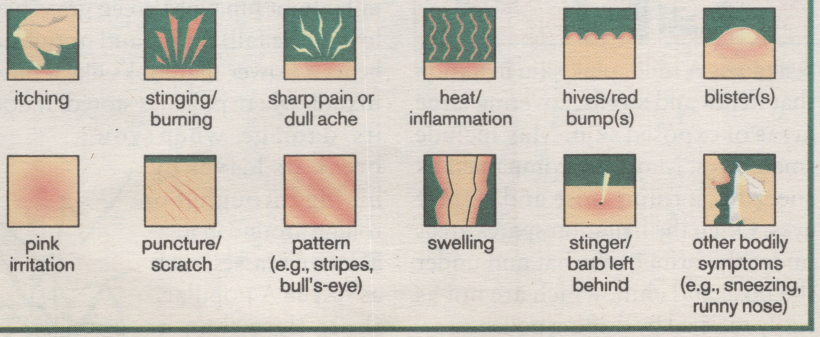
don't forget to wash contaminated clothing, tool handles, steering wheels or even pets—anything that has come into contact with the plants. Rid your yard of poison plants by spraying them with nursery-recommended organic chemical compounds or have a professional do the job. Don't bury or burn the plants: Burying can spread plant growth when root clippings end up in the soil. Burning can launch the plants' irritating oil through smoke particles to your skin, eyes and mouth. Inhaling the smoke can irritate nasal passageways and lungs. Try to get the oil off your skin immediately, within five minutes if possible. As a preventive, wash carefully with cool water and hydrogen peroxide to oxidize and deactivate the oil. You can substitute alcohol for the water-and-peroxide solution, but this isn't recommended for use on your face. Wash carefully to avoid spreading the oil into your eyes.

You can also use a mild solvent like rubbing alcohol or a weak solution of water and bleach. (Just be careful that you don't get any on your clothes.) If you don't have rubbing alcohol, wash with plain water to help inactivate the oil. Avoid brown soap and organic solvents like benzene or acetone; they are not recommended, since they may further irritate your skin.

For the itch, use bath soaks like Epsom salts or colloidal oatmeal. Another possibility is to add vinegar to the bathwater or in compresses. (The ratio is one tablespoon of vinegar to one gallon of water.)

Symptoms Sudden stinging pain where skin has been punctured or scratched, followed by a severe burning, itching inflammation and/or hives that may develop into small blisters normally no larger than a fingernail. The rash

KEY TO SYMBOLS



often appears in a line. The inflammation can last from several minutes to several days. There may be hairlike needles stuck in the skin.

Possible culprits

■ **Stinging nettle** This perennial is found in wooded areas throughout the United States. It has finely toothed, heart-shaped leaves and looks like an upright strawberry plant, only its stems are covered with the hairlike needles that sting when they contact your skin.

Treatment Remove large nettles with tweezers. To remove small ones, press a strip of adhesive tape to the skin. When you peel off the tape, the nettles should come with it.

To relieve pain and itching, rinse affected areas in cool water. Take acetaminophen, aspirin or ibuprofen for pain. Take an OTC oral antihistamine to relieve severe itching.

Symptoms A mild, pink skin irritation that itches and swells, covering large areas of exposed skin. May include small hives. May be accompanied by sneezing, a runny nose and watery eyes. Often the irritation spares areas under the brim of the hat and under the nose and chin, which are not as easily reached by drifting pollen.

Possible culprits

■ **Ragweed** This plant (sometimes confused with goldenrod) is a member of the Sunflower family and grows as an upright weed. The male plants sport small yellow-green flowers that grow in long clusters near the tops of their coarse, hairy stems. Female plants are smaller, green and stalkless, with flower clusters close to the meeting of leaves and stems and small, top-shaped fruit capped with six short spines. Both male and female plants grow up to five feet. They flower between July and October and are pollinated by the wind. Other members of the Sunflower family include chrysanthemums, daisies and mugwort.

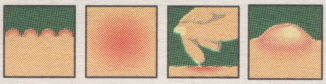
Skin irritation (and hay fever) comes from contact with airborne pollen rather than from contact with the plant itself. Allergic reactions are most likely to occur during pollen season at the end of the spring.

■ **Field grasses, such as timothy** This tall (about hip high) green grass (yellow in the fall) is thin and upright; it bears a flower that looks like a fuzzy foxtail, where pollen is stored. It does its damage when you break its leaves by hiking through it or rolling around in it.

■ **Lawn grasses, such as fescue** A popular, short (less than a

foot high) grass; produces tassels that go to seed if not mowed. It stays green year round.

Treatment Use a cloth to wipe off any grass and pollen or chemicals that cling to the skin. To soothe itching, bathe affected areas with a solution of one gallon of cool water mixed with two tablespoons of vinegar. If itching persists, take an OTC oral antihistamine.



Symptoms A bumpy, clumpy red rash accompanied by a mild itch and, sometimes, by severe blisters the size of half your pinky fingernail in diameter.

Possible culprit

■ **English ivy** This member of the Ginseng family produces creeping vines with dark green, leathery leaves and pea-size black berries. Often planted as a ground or wall cover; some varieties are cultivated as houseplants. Its sap contains compounds called triterpene saponins, which can irritate the skin when any part of the plant is bent or broken.

Treatment Wash the affected areas thoroughly with soap and water. Then take some acetaminophen for pain or aspirin or ibuprofen to relieve swelling.

Symptoms An immediate burning, stinging pain, with a hivelike rash that may turn into fluid-filled blisters. The rash usually forms lines on your skin. You may find some scratches and some hairlike needles in your skin.

Possible culprits

■ **Jimsonweed** This knee-high bush looks like a harmless ground cover. Its dull greenish-gray, star-shaped leaves have one big tip, and its white or purple blossoms are shaped like petunias. You'll notice a foul smell around it. This weed is in season from April to August and is most common in the eastern United States. It flourishes off the beaten path and is frequently found in uncultivated areas near highway rest stops.

■ **Downy thorn apple** Looks like a hairier version of jimsonweed, but with bigger leaves and flowers. The plant may grow to be three feet tall and six feet across. Thorn apple grows in the South and Southwest.

Treatment Rinse affected areas in soothing cool water or a vinegar solution (one tablespoon of vinegar to a gallon of water). Take aspirin, acetaminophen or ibuprofen for pain.

by Matthew Hoffman and Jan Bresnick with Bernadette Sukley

SWEAT SOLUTIONS

How to slow the tide of excessive perspiration

THE COOL AUTUMN DAY IS WINDING DOWN, AND over the edge of your hammock, things look positively restful. Except inside that hammock, sweat is running down your fingers like spring thaw on Pikes Peak. Excessive sweating of the palms, soles and underarms isn't life threatening. But it can dampen an easy lifestyle. You can't hold a pencil. Your shoes squish when you walk. And when you offer a handshake, you've got to throw in a towel.

WHY SO WET?

What's behind this annoying and often embarrassing problem? If it comes on suddenly in adulthood, it may be

THOMAS SCIACCA

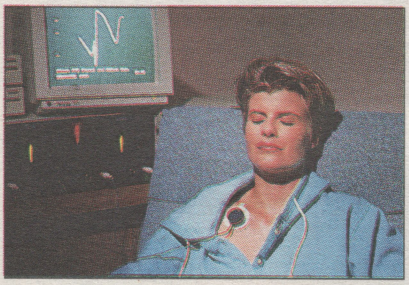
caused by certain medications or the onset of any of a number of illnesses; proper diagnosis and treatment by a qualified physician can relieve the underlying cause. If, however, excessive sweating is something you've been living with for as long as you can remember, it's tougher to trace its roots.

Doctors refer to this condition as *hyperhidrosis* and admit it's one of those fickle maladies that can be triggered by a number of different—and not always identifiable—causes. For some people, it's an extreme response to emotional stress. For others, it's a physiological problem. Whatever the cause, when it "reigns," it pours.

HOW MUCH IS TOO MUCH?

Deciding whether or not your problem needs treatment is a highly individual matter. While it causes embarrassment, it won't cause dehydration.

"Many people who don't seem to be that bad are very concerned about it," says Mervyn L. Elgart, M.D., chief of dermatology at George Washington University, in Washington, D.C. Some people even opt for surgery—they'll have the sweat glands removed from their underarms, or have the nerves cut that trigger the sweat glands in their hands. Those are extreme solutions. Fortunately, there are other options.



Hear your stress: Biofeedback can help you reduce anxiety levels and stay drier.

MICHAEL KELLER

WHAT TO DO

The areas where excessive sweating hits—the palms, soles and underarms—don't have much to do with heat control or body-temperature regulation, so it doesn't hurt to dry them up with these dermatologist-recommended techniques:

Learn to relax. Whether or not emotional stress is the instigator, doctors agree that stress makes excessive sweating worse. "It feeds on itself," says Dr. Elgart. "If we're worried that our hands are going to sweat, then they're going to sweat. They respond very well to those mental signals."

Palm and sole sweat were particularly useful when a little moisture went a long way to get you up a tree and out of the way of an enemy. Today, that "fight or flight" response still fires when we're under stress.

That anxiety stirs up high levels of adrenaline, which knocks the sweat glands into fast forward and constricts the peripheral blood vessels. It's a combination that equals cold and clammy hands and feet. But by learning to relax, you can reduce the

JAN COBB

adrenaline, says Jerry Kiffer, M.A., stress-management therapist at Cleveland Clinic Foundation, in Cleveland. As a result, sweat decreases and the blood vessels dilate, leaving the hands warm and dry.

Stress-management therapists take three main approaches to help you calm overactive sweat glands. First is daily use of relaxation tapes (either store-bought or homemade tapes of soothing sounds or music) or meditation. Second is biofeedback training. Third is traditional psychotherapy that investigates—and aims to remove—the causes of stress.

Biofeedback, the most popular approach, involves a battery-powered machine that "reads" your skin's response to stress. (In fact, it's similar to technology used for lie-detector tests.) The higher your stress level, the more the machine beeps, the brighter a light gets, or the larger the signals get on a computer monitor. Your job is to get the signals to subside by relaxing, using whatever thoughts, sounds or breathing techniques work for you.

Biofeedback takes time and determination, says Kiffer. Some patients have been working at it for years, but for many people, he says, daily practice—15 to 30 minutes of relaxation with or without the machine—can change some of the stress patterns in three to six months.

Steer clear of stimulants. In general, what you eat won't bring on excessive sweating, but it can step it up. Any substance that stimulates your nervous system will send up your sweat output—the prime offenders being caffeine and nicotine. Eliminating those won't miraculously stop the sweating but can help diminish it. A little less sweat may mean a lot more comfort.

Skip the stimulants: Caffeine-free drinks won't step up your sweat output.

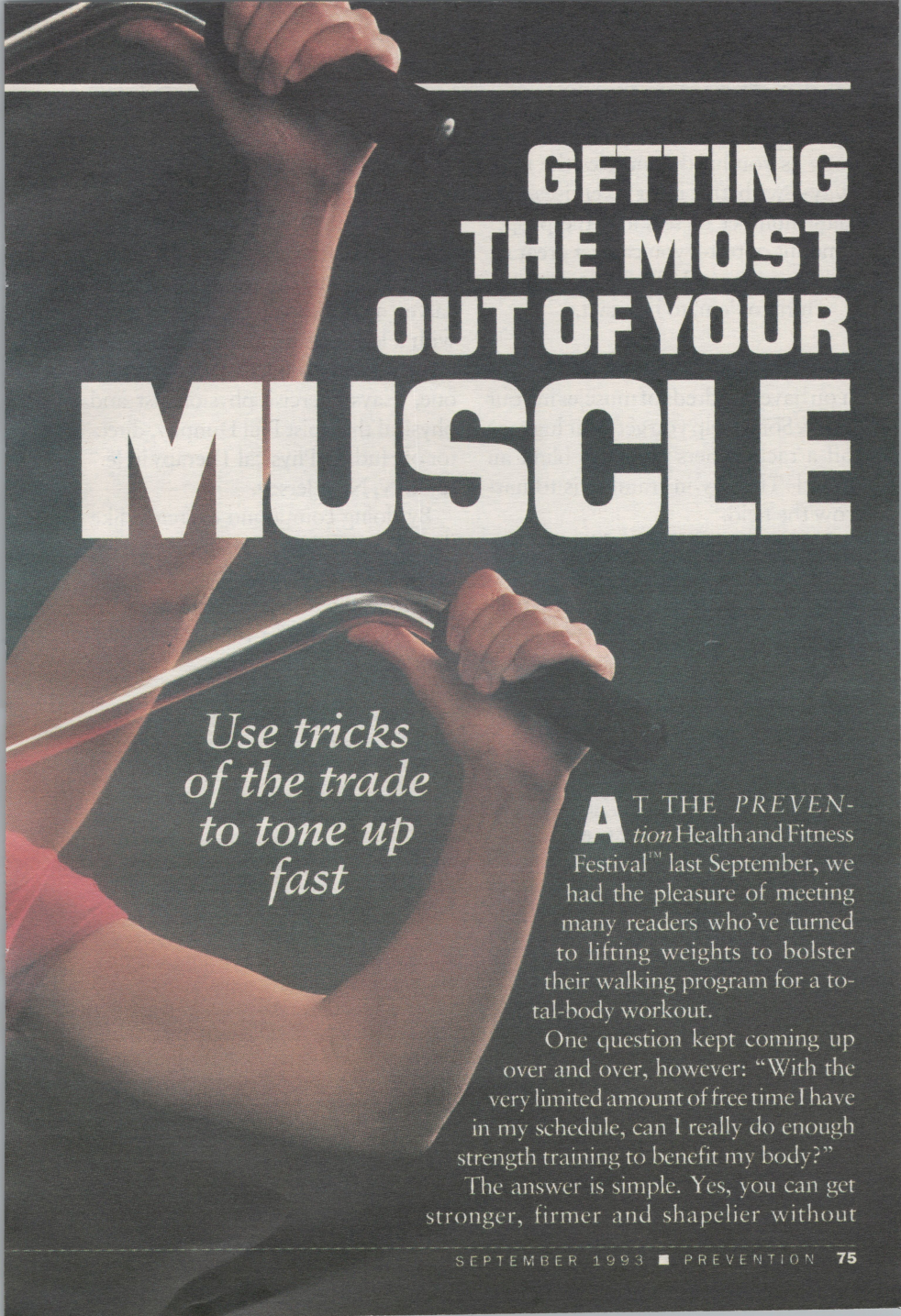
Call out the super-antiperspirants. These are essentially superstrength formulas of regular underarm antiperspirants. The active ingredient, aluminum chloride, actually reduces the sweat output (unlike deodorant, which just deals with odor). Heavyweight formulas are available over the counter in concentrations up to 12 percent, compared with the 4 to 6 percent in regular antiperspirants. Even stronger concentrations are available with a prescription.

The trick is to use them correctly. They work only when applied to dry skin. (Don't apply them to broken skin or freshly shaved underarms.) To increase their effectiveness, apply

Continued on page 129

INTERIOR BODY BUILDING

PHOTOGRAPHY BY ED LANDROCK



GETTING THE MOST OUT OF YOUR MUSCLE

Use tricks of the trade to tone up fast

AT THE *PREVENTION* Health and Fitness Festival™ last September, we had the pleasure of meeting many readers who've turned to lifting weights to bolster their walking program for a total-body workout.

One question kept coming up over and over, however: "With the very limited amount of free time I have in my schedule, can I really do enough strength training to benefit my body?"

The answer is simple. Yes, you can get stronger, firmer and shapelier without

spending hours in your gym shorts. As long as you hit the muscles the right way—with the right exercises, the right number of sets and the proper amount of rest—you can get great results in minutes. That's right, minutes.

Thirty of 'em, to be exact.

LESS IN MORE (MORE OR LESS)

You have hundreds of muscles in your body. Some help you get your luggage off a rack; others help you blink an eyelid. The key in training is to narrow the field.

You want to target the biggies—the major muscle groups. But to do it in less time, you want to hit them in bunches. And to do that you need compound exercises.

A compound exercise combines movements that work out more than one muscle at the same time. A leg press, for example, hits the quadriceps, hamstrings (the muscles located on your thighs) and buttocks as well as the calves of the lower leg. "Essentially with a leg press or similar compound exercise, you're doing four exercises in one," says exercise physiologist and physical therapist Phil Dunphy, director of Hudson Physical Therapy in Jersey City, New Jersey.

By doing compound exercises like the bench press, military press and leg press, you avoid doing specific exercises that cover less territory but eat up more time. You get the same results with time to spare.

HOW HARD SHOULD I PUSH MYSELF?

A question readers frequently ask regards intensity. "How should the exercise feel when I'm doing it? Should I be grunting and groaning to near exhaustion, or should I pick a weight level that offers little resistance at all? How do I know where to start?"

Ideally, you should try to do sets of 8 to 10 reps (repetitions) at about 75 percent of your one-repetition maximum (the amount of weight you can lift in one shot). That means if you can lift 100 pounds once in a given exercise, then your sets should be at around 75 pounds, to be done for 8 to 10 repetitions. Once the tenth rep becomes easy, you move up. (Wait a workout or two before moving up, and increase the reps to 11 or 12 in the meantime, just to be on the safe side.)

To find the right intensity, you don't really have to find how much you do at one repetition. Instead, simply start out with a light weight and feel your way up the ladder. Once you find a resistance in which 10 reps are kind of tough to do, you're probably near or at that 75 percent range. Stick there until it gets easy. You can even start out at a lighter level anyway. That just gets you prepared for tougher sets down the road.

The reason for exercising at this level of intensity has to do with the makeup of the muscle. Muscle is made of fibers, which respond to stress. Research and anecdotal evidence suggest that the level of intensity mentioned above is what's needed to stimulate muscle growth and strength.

Order equals speed To keep your workout short and to the point, get yourself in order.

"By alternating upper-body exercises with lower-body ones, you don't tire as quickly and you don't need to rest as much," says Doug Semenick, certified strength-and-conditioning specialist and director of the wellness program at the University of Louisville. If you must do upper-body exercises in a straight sequence, then alternate the pushing ones with the pulling ones.

With the bench press, for example, you push the weight up; with the "lat" (latissimus dorsi, a back muscle) pull-down, you pull the weight toward you. Each exercise works an opposing, or antagonistic, muscle group. Do those one after the other, and tired muscles won't slow you down. And you shave minutes of rest off your workout.

If you have time to do exercises that work smaller muscles as well as those that work big muscles, start with the biggies first.

The reason for this is simple: Smaller muscles tire faster, and if you do them before a large muscle, they'll fail on you. "If you went to do an arm-and-back exercise, but you already exercised your forearms, for example, then that smaller area of muscle may be too tired to hold the bar and keep a strong-enough grip throughout the exercise," says Semenick.

Put the small stuff that isolates the smaller muscles at or near the end of the workout. Given limited time, you get the most bang for your buck by working the larger muscles.

And if you plan on doing lower-back, neck or abdominal exercises, hold them off till the very end, too. You may bog down if you start with them.

For proof, you can try this experiment (or maybe just think about trying it). Do as many partial sit-ups as you can—safely—in two minutes. Then turn over and try a couple of push-ups. "Your belly should flop to the floor," says Semenick. Sit-ups nail your upper and lower body's stabilizer muscles, so once they're taxed, your body becomes unable to perform any other total-body exercise with any real force.

If you're in a big hurry and would rather skip abdominal exercises, you can sneak them in when you're doing other exercises. "By tensing up your abdominal muscles when you're doing a triceps push-down, for example, you're working those muscles effectively," says Dunphy. "And when you're doing pull-ups, all you really have to do is *think* about your abdominals, and they're getting worked." By concentrating on them as you pull up and let yourself down, your body's on automatic pilot, tensing those muscles every step of the way.

A rightful rest Rest is vital, but you don't need a siesta. When you're ex-

ercising a muscle, you're working through its "energy system," which is really no more than the muscle's gas tank. In the time it takes to do those crucial 8 to 10 repetitions, you've sapped the muscle's immediate energy source of fuel—now it needs a nap to get it back to full

EXERCISES

Bench press (a compound exercise) This builds and strengthens the chest muscles, triceps of the upper arm and upper latissimus dorsi muscles (lats) of your back. Lie on an exercise bench, with your feet flat on the floor. The bar should be in line with your chest. Hold the bar with your hands about three inches from the outside of the chest. Bring the bar down slowly. Press the bar back up. Keep your head and hips on the bench at all times.

Leg extension This focuses on the quadriceps muscles of your thighs. Sit on the exercise machine with your feet under the foot pad. Raise the weight until your legs are parallel to the floor. Return down, very slowly. Don't swing the legs up fast—do it slowly and controlled.

Seated pulley row (a compound exercise) This exercise helps work the lats, rhomboids (upper back), brachialis (located on the upper arm), deltoids (on the shoulder), biceps and forearms, as well as the trapezius (the largest muscles of the back and neck) and erector muscles, which support the spine. Take a grip with your hands set close together. Place your feet against the restraint and sit down facing the pulley. Keep your arms straight, with your legs slightly bent. Let the weight pull your shoulders forward so your torso is inclined. Pull the handle in to touch your upper abdomen, sitting back until your torso is perpendicular to the floor. As you pull in, keep your arms close to your sides. Hold this position for a moment, then slowly reverse the procedure and return.

power. "Temporary muscle failure drains all the energy the muscle has stored in it," says Semenick. Rest for 30 seconds, and you've recovered half of it. In one minute you've recovered roughly 75 percent. After two minutes, nearly all—or 94 percent—is recovered.

Leg press (a compound exercise) This hits your quadriceps and hamstring muscles, along with the gluteus maximus and calves. Hold the handrails. Place your feet on the pads of the machine. Press out slowly until your thighs are straight and your knees are locked. Now let the weights down slowly. No slamming—keep a light touch and feel the tension as you let the weights return. Keep the knees slightly out.

Military press (a compound exercise) This nails the deltoids, along with the triceps and the upper-back muscles. Rest the barbell across your trapezius muscle behind your neck. Rotate your elbows to a position directly beneath the bar. Slowly straighten your arms to press the bar directly up. Lower slowly back to the starting position. Don't bounce the weight off your chest. If a barbell is too hard on you, try doing this with separate, light dumbbells, alternating arms.

Lat machine pull-down (a compound exercise) This targets the upper back, biceps, forearm flexors and brachialis muscles. Stand facing the lat machine, reach up and take an overhand grip on the bar with your hands set three to five inches wider than your shoulders. Straighten your arms and use your weight to pull your body downward, and then wedge your knees under the restraint. Allow the weights to pull your shoulders upward to stretch your lats. Use your upper back and arms to pull the bar down to touch

"You shouldn't have to wait any more than that to get back into the next set with adequate strength and power," says Semenick.

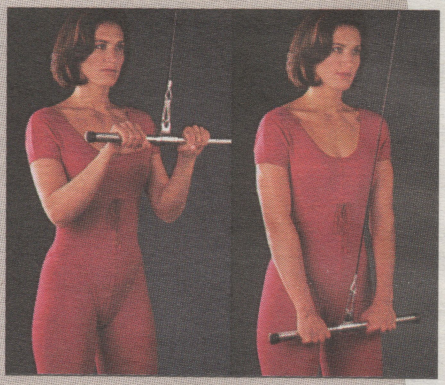
You can rest two minutes between heavy sets of the same exercise, but you can probably shorten or eliminate

Continued on page 130

behind the neck. Hold this for a moment and then return slowly to the starting position.

Biceps curl This exercise targets the biceps, but also gives some work to the brachialis muscles and forearm flexors. Hold weights, keeping elbows in place at the hip. Keep your back straight and look straight ahead. Slowly curl your fists forward toward your shoulders. As the weights pass the halfway point, flex your wrists as you finish the rep. Reverse the movement slowly with the same arc as you lower the weight.

Triceps push-down This targets the triceps muscle of the arms. Stand in front of the lat machine and grasp the bar, palms down. Start with forearms and biceps touching. Press the bar down in a semicircular motion until your arms are extended. Return slowly to starting position. While you're doing this, try your best to keep your abdominal muscles tense.



Sit-back This exercise really targets your abdominal muscles. While sitting tilted back at a 45-degree angle on a mat, with knees bent and your hands across your chest, lower yourself all the way down to a count of 10. Uncross your hands, turn onto your elbow and push yourself up again; then do another. Try a set of six for starters—add a repetition or two as they get easier.

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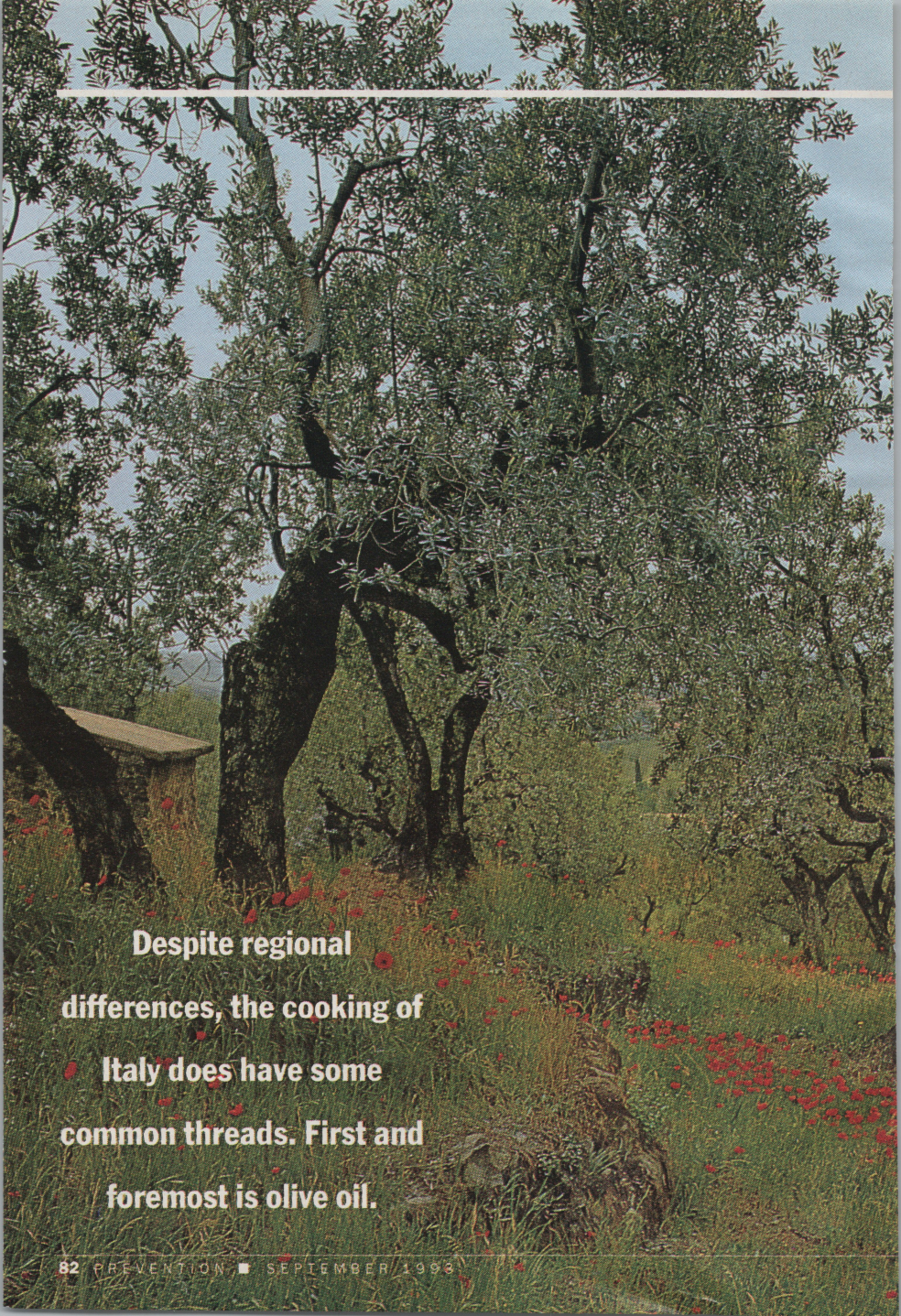


Despite regional differences, the cooking of Italy does have some common threads. First and foremost is olive oil.

EATING WELL, ITALIAN-STYLE

MEDITERRANEAN LIVING

A heart-healthy cuisine from the heart of the Mediterranean region ■ *by Judith Olney*

LOOK AT THE SHEER LENGTH OF ITALY, the long fashionable boot, the toe of which seems to be kicking the islands of Sicily and Sardinia out into the Mediterranean Sea, and it's easy to see why this country, perhaps more so than any other, has long epitomized Mediterranean living.

Travel through Italy today, especially to its small villages where local customs have withstood the changing times, and you'll witness a lifestyle quite different from our own. Here country ways still exist; time slows in the middle of the day to ensure that everyone has a long lunch and a session of gossip to keep abreast of village news. Meals still include coarse peasant breads, a wealth of vegetables, pure olive oil, beans and rice and polenta (a kind of cornmeal cake).

Judith Olney, restaurant critic at the Washington Times *and author of six cookbooks, including* Comforting Food *(Atheneum) and* The Farm Market Cookbook *(Doubleday), has visited Italy several times, savoring the flair and easy, graceful ways of the Italian lifestyle.*

PHOTO BY WILLIAM HUBBELL/WOODFIN CAMP & ASSOC.; MAP BY MICHAEL REAGAN; LOGO BY SUSAN MILLER

BRUSCHETTA

This is traditional Italian garlic bread, which is often made over coals. Serve it as an appetizer.

Per serving: 122 calories, 2.4 grams fat (1.7 g. monounsaturated fat), 1.7 g. dietary fiber, 3.6 g. protein, 20.9 g. carbohydrates, no cholesterol, 157 milligrams sodium. Serves 6.

- **6 thick slices homemade or Italian bread**
- **1 clove garlic, halved**
- **1 tbsp. olive oil**
- **2 tomatoes, seeded and minced**
- **1 sm. red onion, minced**
- **2 tbsp. minced fresh parsley**
- **ground black pepper**

1. Toast, broil or grill the bread on both sides. Generously rub one side of each slice with the garlic and brush with the oil.

2. In a small bowl, mix the tomatoes, onion, parsley and pepper. Spread the mixture on the bread slices, covering them completely. Let stand for 1 hour.

Even in the cosmopolitan centers, fashionable food shops and a growing number of bakers make coarse-grained breads and herb-studded *focaccia,* a bread made from pizza dough drizzled with olive oil. Dishes like Tuscan beans in a flask, an old-style method for cooking beans over a charcoal fire, and simple fisherman's dishes like pasta with sardines appear on menus.

My friend Mimmetta Lo Motta, the Sicilian-born cookbook writer and restaurateur, remembers growing up in the country. "We lived in Palermo, then moved to my grandfather's farm. I remember the most wonderful, thick bread like I've never tasted since, citrus fruits for which Sicily is famous, green vegetables all year round. We had fresh peas and fava beans sautéed in olive oil with a bit of onion. We ate artichokes on pasta, artichokes with parsley and garlic, lots of wild roots and greens like wild asparagus, dandelion and *borraggine,* which was like kale. We had soups made of dried beans and lentils, sometimes with wild game; a stale-bread soup with onions and bay leaves for frugality's sake. There were pigeons from our pigeon house, and mainly fruit for dessert.

"Our pattern of eating was to rise with the sun and eat a small breakfast of a cup of coffee and a slice of crusty whole-grain bread slathered with sweet preserves made in my grandfather's kitchen. The main meal was served around 2 p.m. Then at night, a light supper was served to adults after the children, who were fed earlier, went to bed. Frequently there was a minestrone or salad, some cheese and olives. People believed strongly that eating too much at night wasn't healthy.

"The older people of our region were very vigorous. My grandfather cooked for himself until he was very old, in his 90s. He used to go to church at

FOOD PHOTOGRAPHY BY ANGELO CAGGIANO; ILLUSTRATIONS BY KATE MARION

Simply delicious: Excellent raw ingredients are prepared with minimum complexity in *(clockwise)* Bruschetta, Roasted Ceci and Cauliflower Agrodolce.

CAULIFLOWER AGRODOLCE

This sweet-and-sour cauliflower, despite its Chinese-sounding name, is an Italian dish. Serve it hot or cold.

Per serving: 192 calories, 14.3 g. fat (7.5 g. monounsaturated fat), 5.4 g. dietary fiber, 5.3 g. protein, 16.1 g. carbohydrates, no cholesterol, 26 mg. sodium. Also a good source of vitamin C, folate. Serves 6.

- **1 clove garlic, minced**
- **3 tbsp. olive oil**
- **1 lg. head cauliflower, separated into florets**
- **1 lg. tomato, seeded and diced**
- **2½ tbsp. red wine vinegar**
- **3 tbsp. toasted pine nuts**
- **3 tbsp. golden raisins**

1. In a large frying pan over medium heat, sauté the garlic in the oil for 1 minute, or until it just begins to turn brown but isn't burned. Add the cauliflower, tomato and vinegar. Cover and cook for 8 to 10 minutes.

2. Stir in the pine nuts and raisins. Cover and cook for 2 to 3 minutes, or until the cauliflower is just tender.

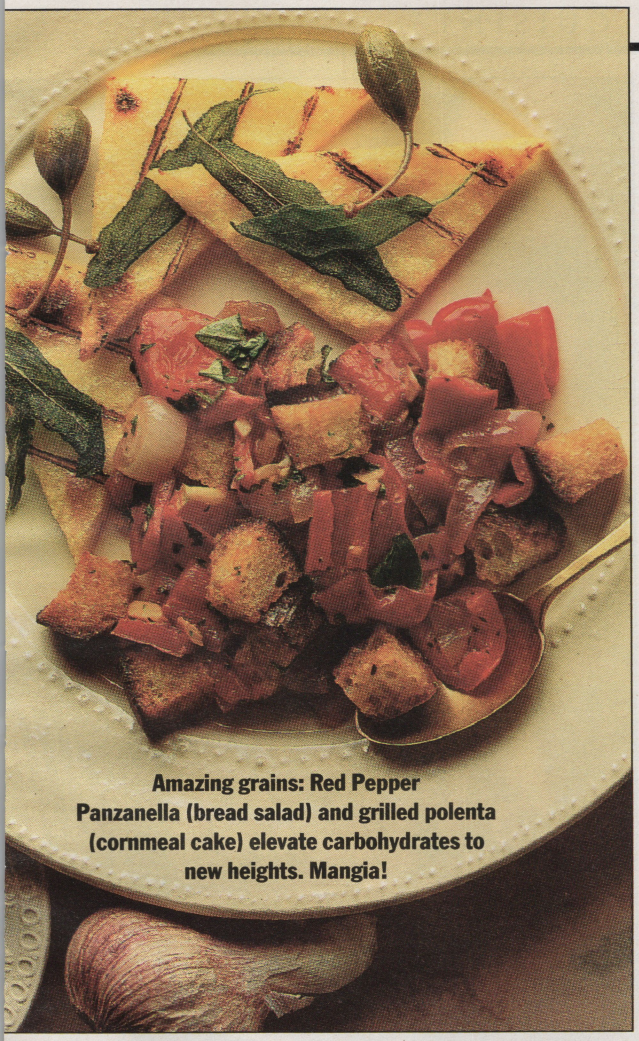
6 a.m. every day, up and down five flights of stairs easily several times a day."

THREADS OF GOOD HEALTH

What Italy still has, when you search out the country byways and ancient city centers, is a wealth of regional cooking that doesn't travel out of its own district. But despite its regional exclusivity, the cooking of Italy does have some common threads. First and foremost is olive oil. Olive trees thrive in the poor, rocky soil of southern Italy and Sicily; most of the crop is used to produce olive oil. It permeates most of the region's cuisines.

With its volcanic soil, long growing season and temperate climes, Sicily also supplies Italy with an abundance of fruits and vegetables: all variety of oranges—bitter, blood and sweet—and all manner of almonds, capers, lemons, fresh peas, tomatoes, asparagus.

Garlic is beloved in most of Italy, also. From the northern port of Genoa, where pesto with garlic and basil is the favorite sauce and every kitchen has its strand of woven garlic, every balcony its pot of basil growing, south to the area along the "toe" where fresh sardines are split, layered in a dish, and baked covered with oregano and olive oil—garlic is loved. The garlic and olive oil, the fresh produce, the game that is plentifully



Amazing grains: Red Pepper Panzanella (bread salad) and grilled polenta (cornmeal cake) elevate carbohydrates to new heights. Mangia!

found, the fish from the surrounding waters (very little meat is consumed) and the bread of the region are important elements in the Italian diet.

HIGH-CARB TRILOGY

By far the mainstays, however, are carbohydrates—either pasta, polenta or risotto. These foods form the base upon which all other elements

ROASTED CECI

Ceci is Italian for chick-peas, here roasted in olive oil and garlic until brown and crispy.

Per 1/4 cup: *113 calories, 2.6 g. fat (0.9 g. monounsaturated fat), 3.3 g. dietary fiber, 5.8 g. protein, 17.4 g. carbohydrates, no cholesterol, 8 mg. sodium.* Makes 4 cups.

1 lb. dried chick-peas
3 tbsp. olive oil
1 clove garlic, minced

1. Place chick-peas in a 3-quart saucepan; cover with cold water. Bring to a boil and cook for 2 minutes. Turn off the heat, cover and let stand for 1 hour. Drain and add fresh water. Bring to a boil, cover and simmer over medium heat until just tender, about 1 1/2 hours. Drain well. Transfer to a jelly-roll pan.

2. In a cup, mix the oil and garlic. Drizzle over the chick-peas, making sure they're all moistened. Spread them out evenly in the pan.

3. Bake for 40 minutes, or until browned, at 350°; shake the pan several times during baking to make sure the chick-peas color evenly.

4. Remove from oven and place on paper towels to blot excess oil.

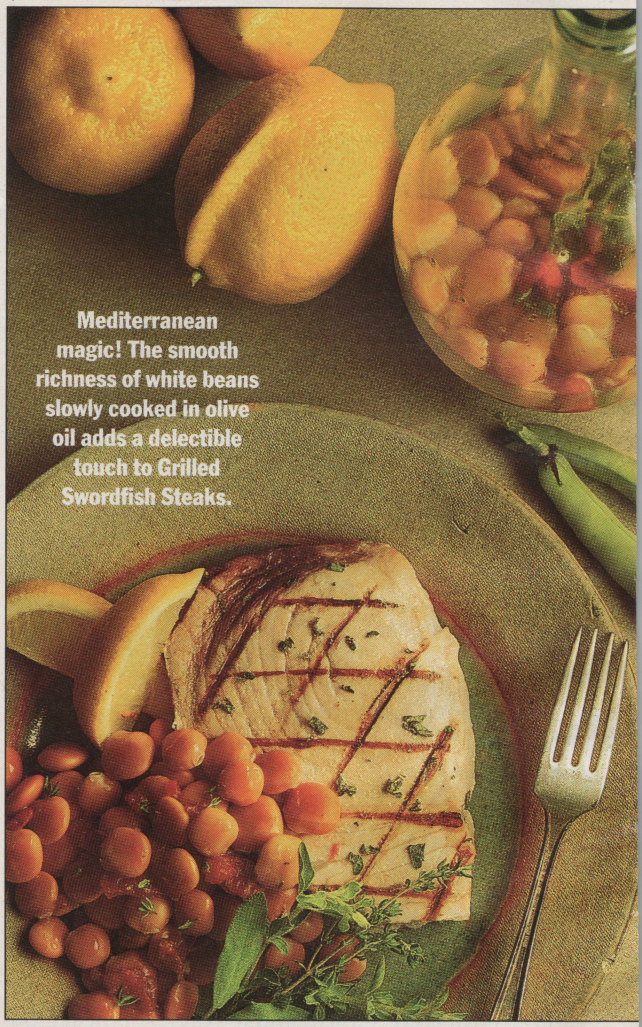
RED PEPPER PANZANELLA

Panzanella means bread salad, and it's one of the very best uses for red peppers and tomatoes. It tastes like summer even when made in winter. You can prepare the tomato-pepper mixture a day or two ahead, but once you add the croutons, serve the salad immediately.

Per serving: 185 calories, 14.4 g. fat, (10.1 g. monounsaturated fat), 2.4 g. dietary fiber, 2.3 g. protein, 13.5 g. carbohydrates, no cholesterol, 62 mg. sodium. Also a good source of vitamin A, vitamin C. Serves 6.

SALAD

- **4 lg. fresh tomatoes (or 16 plum tomatoes)**
- **3 lg. sweet red peppers**
- **3 tbsp. olive oil**
- **2 lg. cloves garlic, sliced**
- **1 med. red onion, sliced**
- **1 tbsp. balsamic vinegar**
- **ground black pepper**
- **¼ cup fresh basil leaves, torn**
- **¼ cup chopped fresh parsley**



Mediterranean magic! The smooth richness of white beans slowly cooked in olive oil adds a delectible touch to Grilled Swordfish Steaks.

usually rest. Pasta shops and stores are common in large cities, selling a variety of fresh and dried pastas in every shape and length. But the making of pasta at home is still a time-honored tradition in smaller villages. Making pasta, with its easy turns and its slow formulation, is a job that tends to fall to the aunts

Success® Oriented.

SUCCESS® ORIENTAL STIR FRY

¼ cup oil
½ tsp. fresh ginger, minced
1 garlic clove, minced
¾ lb. boneless chicken strips
1 cup broccoli florets
1 medium onion, cut into wedges
1 yellow bell pepper, cut in strips
2 medium tomatoes, cut in wedges
¾ cup stir fry cooking sauce
1 bag Success Brown Rice, cooked

In a large saucepan or wok, heat 2 tablespoons oil. To hot oil, add ginger, garlic and chicken strips. Stir fry until chicken is browned. Remove from pan; set aside. Pour remaining oil in pan. Add broccoli, onion and pepper. Stir fry 1 minute. Add tomatoes and return chicken to pan. Add cooking sauce and heat. Serve over hot cooked rice. Serves 2-4.

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CROUTONS

- **3 tbsp. olive oil**
- **2 cups stale French or Italian bread cubes (¾ inch)**
- **1 lg. clove garlic, halved**

1. To make the salad: Core the tomatoes and cut into 8 pieces each (or cut the plum tomatoes in half). Cut the peppers into 1-inch squares.

2. In a large frying pan over medium heat, warm 2 tablespoons of the oil. Add the garlic and onions. Sauté until the onions are translucent; do not let the garlic burn. Add the tomatoes and peppers. Reduce the heat to medium-low. Cover and cook for 15 minutes. Remove the cover and cook, stirring frequently, for 5 minutes, or until most of the liquid has evaporated.

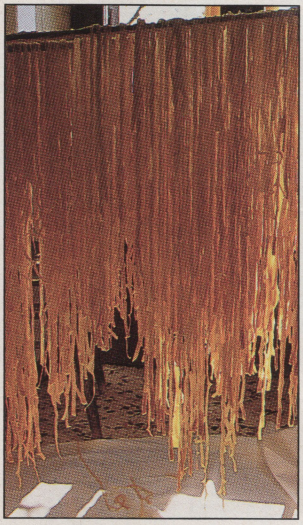
3. Remove from the heat and stir in the vinegar, pepper and the remaining 1 tablespoon oil. Cool to room temperature. If desired, refrigerate for up to 2 days.

4. To make the croutons: Place 2 tablespoons of the oil in a large frying pan. Heat over

and grandmothers of a household. Making pasta is easy but making superior pasta involves an instinctive touch and sense of timing.

Pasta is frequently composed in a large rustic bowl. A stream of pale, unbleached, cream-colored semolina flour, which is full of hard wheat protein, is poured into the center of a bowl. A well is made in the center of the flour, and then an egg yolk or two, a small slick of olive oil, and salt are added, and the flour is slowly incorporated into the eggs. The dough must remain soft and pliable, as it will harden and firm in future handlings.

First the dough rests under a kitchen towel to allow the protein to relax. Thirty minutes later, it is kneaded through the blades of a hand-cranked machine. Folded over and over on itself, and growing progressively thinner as the blades are tightened, a long sheet of absolutely silken pasta soon emerges. It is then cut by the machine into thin strands or cut by hand into wide noodles.



Pasta perfect: a curtain of homemade strands hung out to dry like the family wash.

A broom is then stretched over the backs of two chairs, and the pasta strands are hung to dry (briefly, if they are for supper; and there is nothing better than the melting tenderness of lovingly handmade pasta, which cooks in half the time of dried). Or it is totally dried and stored in a canister for future use.

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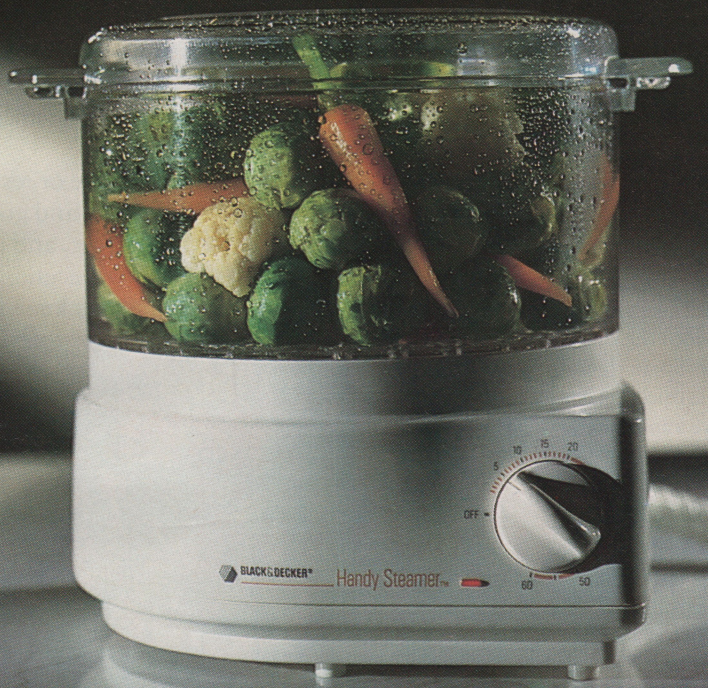
The Handy Steamer makes perfectly steamed brussels sprouts every time. Bummer.



The Black & Decker Handy Steamer™ Food Steamer/Rice Cooker comes with an automatic shut-off timer. So everything is done to perfection. Every time. (Yep, even those darn sprouts.)

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medium heat for 2 minutes. Add the bread and turn the pieces to coat with oil. Sauté, adding as much of the remaining oil as needed, until the cubes brown evenly and turn crisp.

5. Transfer the bread to paper towels and blot off the excess oil. When the pieces are cool enough to handle, rub one side of each with the garlic to flavor it.

6. Gently stir the croutons, basil and half of the parsley into the tomato mixture. Sprinkle with the remaining parsley and serve immediately.

GRILLED POLENTA WITH CRISPED SAGE

Polenta is a staple of northern Italy. Here it's served simply, with a topping of fresh sage.

Per serving: 253 calories, 11.8 g. fat (7 g. monounsaturated fat), 5.8 g. dietary fiber, 4.3 g. protein, 34.2 g. carbohydrates, no cholesterol, 94 mg. sodium. Serves 6.

6 cups defatted chicken stock

Indeed, in most good classic Italian cooking, there are elements of time and ritual involved. A good polenta takes at least 30 minutes to make. First, cornmeal is added to simmering water in an almost painfully slow trickle. To prevent lumps from forming, the cook must be vigilant and possess a strong arm to keep stirring and turning the porridgelike mixture until it thickens and stands firm. The polenta is poured out onto an oiled slab. Then, when the mass has adequately solidified, its maker gets to twirl a taut string between the thumbs and gently use it to cut the polenta into wedges. These are either grilled or heated and served as an accompaniment to vegetables, meat or fish.

A good risotto from an Italian home or restaurant kitchen takes time, too. Family and guests know when a risotto is in the making, and they gather around the table to wait for its execution, for there is a precise moment when the cook knows the

MIKE YAMASHITA/WOODFIN CAMP & ASSOC.

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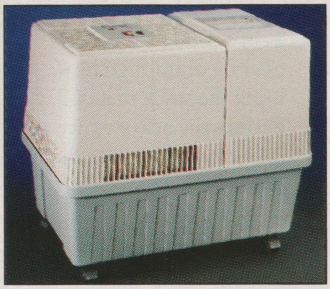

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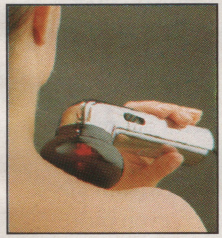

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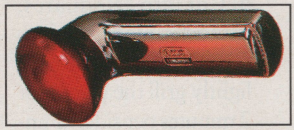

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8 oz. coarse stone-ground yellow cornmeal
4 tbsp. olive oil
20–30 fresh sage leaves
• ground black pepper

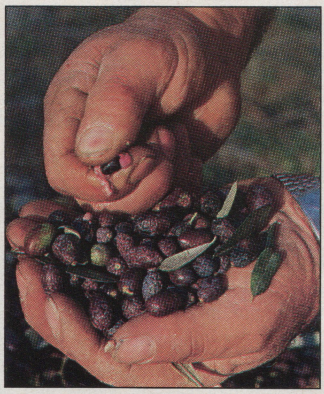
1. In a 3-quart saucepan over medium-high heat, bring the stock to a boil. Reduce the heat to low.

2. Very slowly pour the cornmeal into the pan, whisking with your other hand so no lumps form. Stir with a wooden spoon for 25 to 30 minutes, or until the mixture is so stiff it comes away from the side of the pot.

3. Oil a flat jelly-roll pan and pour the polenta out into it. Spread evenly to about ¾-inch thick. Allow to cool.

4. Cut into 18 squares; cut each square in half to form 2 triangles. Broil or lightly grill the pieces for 2 minutes per side, or until lightly toasted. Transfer to a serving platter.

5. In a large frying pan over medium heat, warm the oil. Add the sage and cook just briefly until the leaves turn bright green and translucent. Pour over the polenta. Season with the pepper.



WALTER LEONARDI/GAMMA-LIAISON

Purple pickin's: Olive trees thrive in Italy's rocky soil to produce the world's best olive oil.

dish is perfectly done. The grains of arborio rice have grown plump, exuded their milky starch, in a long, slow-cooking process wherein the cook stirs continuously for 30 minutes as the grains slowly absorb ladles of broth. Everyone waits on risotto at table during the dish's final five minutes. The cheese melts into the rice and the additions of seafood or vegetables yield their last flavorings. Then the cover is removed under the diners' noses and cries of "bella, bellissimo" shower the cook.

SIMPLY PERFECT MEALS

A frugal cook can make a pasta dish fit for a king by simply drizzling virgin olive oil, a crush of garlic and chopped, seeded tomatoes over fresh *tagliatelle* (fettucine) in the summer. In the winter, even more frugal, just oil, garlic and a scraping of Parmesan dress one of the most widely consumed dishes of the Mediterranean. And in all the best Italian dishes, there is a simplicity, a dependence on excellent raw ingredients prepared with a minimum of complexity and few sauces.

I remember a perfect, simple meal in Genoa one night after a long day of travel. How wonderful it was to sit by the moonlit harbor and have a first course of pasta dressed in an abundance of pesto, then a second course of tiny, impeccably prepared

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BEANS IN A FLASK

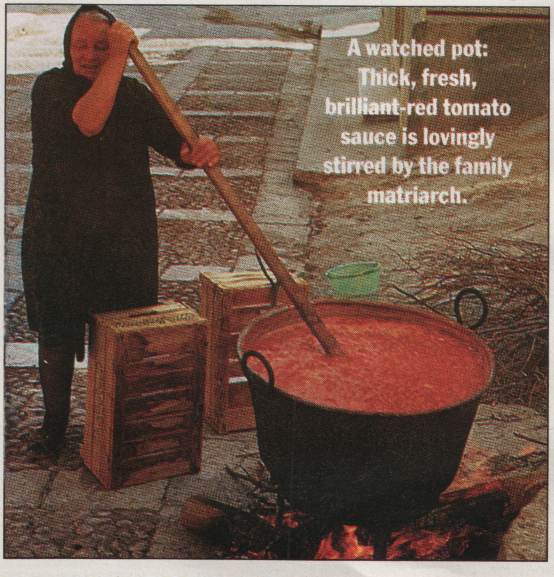
This famous Tuscan dish is a quaint way to cook fresh white shelled beans. To do it the traditional way, strip the straw covering from a Chianti bottle. Fill the bottle with beans, olive oil and herbs. Bake it for three hours in a bed of charcoal ashes. The flavor of the smoke and oil perfumes the delicate beans, which you can then use as part of an antipasto assortment. If you don't have a convenient bottle, you may use a casserole dish. And if you don't have fresh beans, use dried ones that you've soaked.

Per serving: 365 calories, 12.8 g. fat (8.8 g. monounsaturated fat), 3 g. dietary fiber, 15.9 g. protein, 48.9 g. carbohydrates, no cholesterol, 14 mg. sodium. Also a good source of folate, thiamine, potassium, magnesium. Serves 6.

- **1 lb. shelled fresh beans (try limas, favas, haricots, crowders)**
- **⅓ cup olive oil**
- **several sprigs fresh thyme**

fish, served with lemon wedges on the side. For dessert, a cup of strawberries with a small pitcher of fresh lemon juice on the side to pour over the sweet, sun-kissed berries—an odd taste at first bite, but I've served it ever since as an alternative to berries with whipped cream and sugar. (Other simple Italian desserts—sliced peaches sprinkled with slivered fresh almonds and a grate of nutmeg, figs drizzled with honey—have also remained in my repertoire.)

Another night, I enjoyed a first course of a porcini mushroom that had been grilled then dressed with olive oil and a simple fresh chop of garlic and parsley, followed by a perfectly roasted chicken. Another meal I fondly remember and re-create for guests was a pasta primavera entirely composed before our eyes at table. Tender fettucine was steaming over a pot of water to keep it warm. A thick, fresh tomato sauce awaited, as did a bowl of grated Parmesan cheese. The waiter did a quick sauté of carrots, zucchini and red peppers that had been cut to noodle thickness,



A watched pot: Thick, fresh, brilliant-red tomato sauce is lovingly stirred by the family matriarch.

LEONARD FREED/MAGNUM

Net gain: The catch of the day is proudly displayed.

then he added to the pan a ladle of sauce, a handful of fresh, cubed tomatoes, a handful of Parmesan and some fresh basil leaves, and turned and stirred the mass until it was a rosy-colored delight, more vegetables than pasta. He then spooned it onto our plates.

ERIK LEIGH SIMMONS/THE IMAGE BANK

RITUALS OF EATING

As in most Mediterranean countries, most people snack very little. There are street merchants with

2 cloves garlic
1 lg. tomato, seeded and chopped
• ground black pepper

1. In a 9 x 13-inch baking dish, mix the beans, oil, thyme and garlic. Sprinkle the tomato on top. Cover with foil and poke a few holes in the top. Bake at 300° for 2½ to 3 hours. Remove from the oven, sprinkle with the pepper and allow to cool to room temperature.

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Middle Eastern Salad

3 cups **Mahatma® Brown Rice**, cooked
1/2 cup chopped tomatoes
1 cup crumbled feta cheese with basil
1/2 cup chopped purple onion
1/4 cup each, red, yellow and green bell pepper
2 Tbsp. chopped parsley
1/4 cup sliced black olives
2 Tbsp. red wine vinegar
1-1/2 tsp. olive oil

Combine first seven ingredients in a large mixing bowl. Toss gently. In a small container combine vinegar and oil. Shake to mix. Pour over mixture. Toss and refrigerate. Serves 6.

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SICILIAN GRILLED SWORDFISH STEAKS

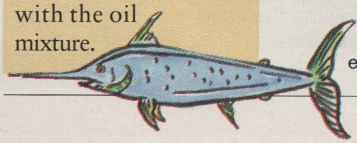
This recipe is adapted from Marcella Hazan's book *Essentials of Classic Italian Cooking* (Knopf). Although swordfish is the traditional fish of choice, you may use tuna, halibut, tilefish or mako shark.

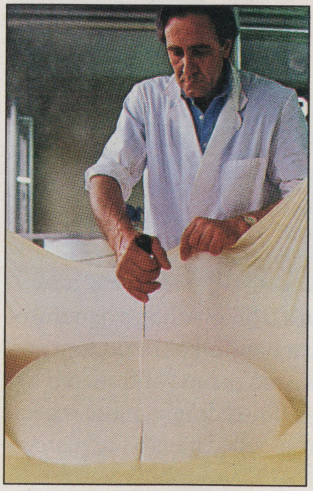
Per serving: 242 calories, 14.3 g. fat (8.7 g. monounsaturated fat), 0.1 g. dietary fiber, 26.2 g. protein, 0.7 g. carbohydrates, 51 mg. cholesterol, 119 mg. sodium. Also a good source of niacin, vitamin B_{12}. Serves 6.

2 tbsp. lemon juice
2 tsp. chopped fresh oregano or 1 tsp. dried
¼ cup olive oil
• ground black pepper
2 lb. swordfish steaks

1. In a small bowl, combine the lemon juice and the oregano. Very slowly beat in the oil with a fork. Add a few pinches of black pepper.

2. Grill the swordfish for 2 minutes per side, or until cooked. Transfer to a serving platter. Prick each steak several times with a fork. Drizzle with the oil mixture.





Mozzarella in the making: a strong Mediterranean tradition.

ANDREA PISTOLESI/THE IMAGE BANK

dried fruits and nuts, chestnuts in fall, slit and roasted pumpkin seeds, toasted favas and chick-peas, and you sometimes see small children with gray paper cornucopias, munching nuts on the streets.

One ritual that Italians all share and love, regardless of their region, is the taking of a coffee, a lemonade, a gelato in the central piazzas of all towns, large and small. There are more expensive items to be had—small ices frozen in the shapes of fruits or flowers, then hand-painted with natural food colorings. Melons and oranges are hollowed and filled with sherbets.

The "evening in the piazza" is a familial time. For single people, it's a time to mingle and be seen, for the young men to strut and preen. For families, going to the piazza is an evening's or Sunday afternoon's entertainment, an excuse to dress up, see friends, show off children. To spend the evening in such simplicity, out in the open air and surrounded by the reality of people, is one of the great pleasures of Italian life, a destressing ritual that is both convivial and communal. ■

As a follow-up to our special report "Live Longer and Love Every Day" (August '93), *Prevention* Cuisine is featuring different cuisines of the Mediterranean region in August, September and October. The traditional Mediterranean diet consists of grains, vegetables, legumes, small amounts of meat and cheese and liberal use of olive oil, a heart-healthy monounsaturated fat.

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RUB THE SIDE OF YOUR favorite recipe three times. If a genie doesn't appear, mail your recipe to us—because we may be able to grant you a few wishes with our third annual Healthy Recipe Contest. This is the last month we're giving creative cooks a chance to win spa vacations in Hawaii, Utah and Texas, as well as great cookware and culinary sets.

So send us an original, low-fat, low-salt recipe by the fifteenth of this month in any of the following categories: "Make It With Tuna," sponsored by StarKist Naturally Low-Salt, Low-Fat Chunk Tuna; "Make It an American Favorite," sponsored by Crisco Puritan Oil (canola); "Make It With Rice," sponsored by Mahatma, Success, Carolina and River Brown Rice; and "Make It With Yogurt," sponsored by Dannon.

Grand Prize is a five-night, six-day stay for two at the Grand Hyatt Wailea Resort & Spa, on Maui, Hawaii.

First Runner-Up Grand Prize is a six-night, seven-day vacation for two at the Green Valley Spa and Tennis Resort in southern Utah.

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Third-prize winners will receive Black & Decker's Handy Steamer/Rice Cooker.

PHOTO COURTESY OF BLACK & DECKER

Second Runner-Up Grand Prize is a six-night, seven-day trip for two to Lake Austin Spa Resort in Texas.

First Prize is Regal Ware's Kitchen Nutrition Cooking System, a 46-piece set that includes gourmet pans, wok, poaching tray, double boiler, Regal Ware's oil-core skillet and a lifetime warranty.

Second Prize is Regal Ware's Automatic Electric Breadmaker and a copy of *Judy Gorman's Breads of New England* (Yankee Books, 1992).

Third Prize is the Handy Steamer/Rice Cooker from Black & Decker. This convenient appliance prepares vegetables and other foods in one serving bowl and also serves up fluffy rice in a separate bowl.

Every contest entrant will receive a free booklet of *Prevention*'s own healthful recipes. Deadline for entry is September 15, 1993. All recipes submitted to this contest must be original, low-fat and low-salt, and become the property of *Prevention*. ■

CONTEST RULES

1. Use the "Prevention Cuisine" recipe format. Indicate the precise amounts of all ingredients used.

2. Number each instruction.

3. Specify the number of servings and, if possible, make the serving size for two people.

4. All recipes must be original and unpublished.

5. Make certain your name, address and daytime phone number are included on your recipe entry.

6. Recipes submitted in each category must be produced with the sponsor's product.

7. You may submit up to two recipes in each of the categories.

8. Only one recipe booklet will be sent to each contestant, regardless of the number of entries.

9. Tell us briefly about your personal interest in healthful eating, whether it's for overall good nutrition or some special purpose.

10. Food professionals are not eligible for regular prizes but may be considered for special prizes. Please indicate your professional status on your recipe.

11. Send entries to "Recipe Contest," *Prevention* Magazine, 33 E. Minor St., Emmaus, PA 18098. Winners will be announced in *Prevention*. Entries become the property of *Prevention*. Deadline for entry is September 15, 1993.

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Walking seems special in that many of us love the time we spend during solitary walks. But most of us find that having a partner keeps us going when our motivation starts to slide and we think we have too many other "more important" things to do.

WISE CHOICES FOR WALKERS

If you want to reap the physical and mental benefits of walking, it should become an almost daily activity for the rest of your life. So when you go searching for a partner, it seems like a good idea to stay close to home. See if you can enlist your spouse, child, parent, close neighbor or even the family dog. That way, each time you exercise, you also strengthen the relationships that are most important in your life, those that help maintain your sense of happiness and well-being.

Some days you choose your walking partners, and some days they choose you. Be open and flexible to whoever happens to walk your way! You may not find someone who shares your enthusiasm for walking every day, but you may find two or three different people to keep you company throughout the week.

PAIRING UP WITH A POOCH

It's not for everyone, and we would never recommend buying a pet just to have a walking partner. But hundreds

BOB BLAKEMAN

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If you think you can walk in any old shoe, you're in for a shock. A shock to your knees, your joints, your very sole. Because, the fact is, not every shoe you walk in was made for walking. So, if you're taking more than a casual stroll, pick a shoe that isn't casual about comfort and injury prevention. Like our Instep 6200. Its unique Instep Support Device cushions your heel as it hits the ground. Disperses your weight as you walk. And supports your arch as you toe off. Call 1-800-365-Saucony for the dealer nearest you. Then tell your other shoes to take a walk.

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of letters from *Prevention* Walking Club members over the years have convinced us that a dog can be a most reliable walking buddy.

Dogs always want to go for a walk and tend to be very enthusiastic about the whole idea. They remind you when it is time to go (in case you've forgotten or gotten too comfortable in front of the TV). And they make good company. They rarely complain and are great listeners if you want to talk. And if you decide to wear headphones and listen to music or a good book, a dog won't feel slighted.

Dogs may need some sort of obedience training to make your partnership enjoyable, but most are able walking partners right from the start. If you don't already have a dog, check with a local veterinarian or kennel

Continued on page 133

FOURTEEN YEARS OF FITNESS WALKING

Long before fitness walking became America's favorite fitness activity, Mary Nagle of Zionsville, Pennsylvania, was pounding the highways and byways around her country home. She tries to walk every day. And what keeps her on her ambitious schedule?

"I always find a partner," says Mary. "My friends in the neighborhood are just as enthusiastic about walking, and we call each other the night before to get a commitment. I walk at 7:30 every morning. It used to be later, after I put my daughter on the school bus, but she's all grown up now.

"I always walk with other women. I started my walks for weight control, and they soon became venting sessions. It was uncomfortable venting in front of other women's husbands. I just wanted to blow off steam, and my women friends understand that.

"Soon my walks became a positive addiction. I found myself to be moody and anxious if I couldn't get my walk in.

Friends on foot: Mary Nagle (right) finds her buddy network essential.

"To me, a partner is an absolute necessity. I get lazy, or my walks seem boring when I'm alone. When I make a commitment and I know Carolyn, Sarita, Ann or Peggy is waiting for me at the corner, I'm always there–rain, sleet or snow. I love walking in the snow. You can always dress warmly enough. And on hot mornings, I wrap an ice cube in paper towels to tuck in my bra. It's the perfect way to keep cool."

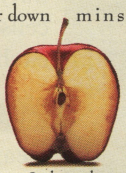
The same thing happens to your body.

It's hard to believe, but the same thing that rusts the paint off your car may also wear down your body.

It's called oxidation and it happens every time you take a breath.

Simply explained, whenever oxygen enters your system, so-called "free radicals" can be formed. Many scientists believe these unstable particles are a leading cause of cell damage.

In fact, recent studies suggest that free radicals may play a significant role in the development of heart disease and cancer.



Oxidation, the process that breaks down an apple and turns it brown, may also cause cell damage in your body.

Studies also suggest that foods rich in antioxidant vitamins, like C, E and Beta Carotene, may neutralize many of the free radicals in your body.

Unfortunately, we don't always eat the way we should. This is where an intelligent regimen of vitamins may be able to help.

While studies haven't proven that vitamin supplements offer the same protection as foods rich in antioxidants, we at Nature Made® have combined high levels of C, E and Beta Carotene into one easy to swallow softgel.

Introducing our new Antioxidant Formula. Just like all our vitamins, our new formula contains no artificial colors, flavors or preservatives.

Since different people have different needs, Nature Made offers a complete line of over 120 vitamin and mineral supplements—including our latest formula that may help fight the destructive effects of oxidation.

Too bad we can't do the same for your car.

Nature Made. The more you know, the better you'll feel.™

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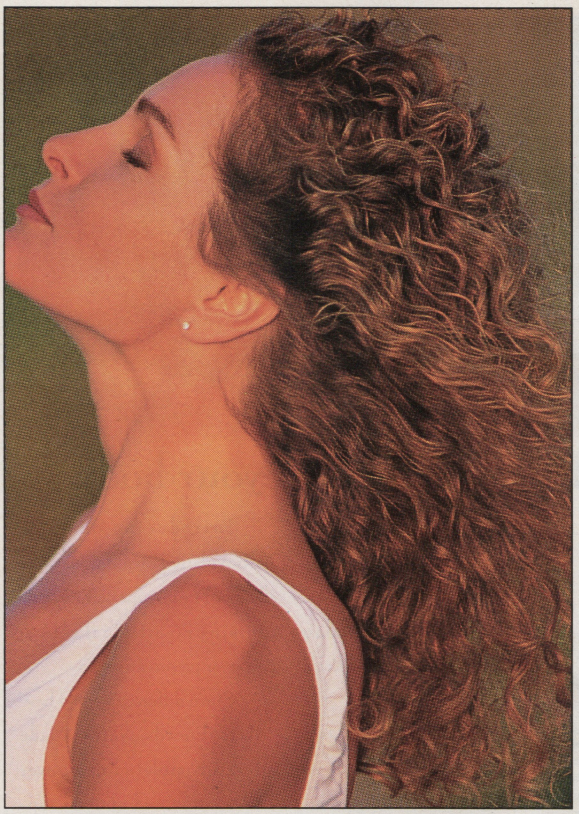

MICHAEL KELLER

SECRETS OF HEALTHY HAIR

Hair-care basics from two masters of the art

THE MEDIA BOMBARD US with images of models' shining hair. How *do* those models do it? We asked trichologist Philip Kingsley and master stylist Kenneth of Kenneth's Salon, New York City, for their expert advice on how to have the hair you've always dreamed of.

COMING CLEAN

Photographers can adjust the lights and camera to maximize appearance of shine. The goal of your hair-care program should be to provide the right surface for light to reflect off your hair naturally.

The surface of each hair is composed of cells layered on top of each other, like shingles on a roof. "Only when those cells are clean and lie flat and tight can they reflect the maximum light," says Kingsley, of the Philip Kingsley Trichological Centres in London and New York. When hair is dirty or damaged, the cells lift and separate, deflecting light rather than reflecting it clearly.

"I'm a great believer in daily hair washing," says Kingsley. "Consider how dirty your face is at the end of a day; well, your hair gets just as dirty. It's not immune to the smoke and environmental pollutants that assault the rest of your body."

NO NASTY ANYTHING

One look and you'll know. Softsoap® Cleansing Liquid for Sensitive Skin is clearly the only liquid hand soap gentle enough for sensitive skin. It's *dermatologist-tested*. And *hypoallergenic*. It's part of the Softsoap® family for every member of your family.

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Softsoap®. *Your hands will thank you.*

Many people, especially those with dry hair, have the misconception that daily shampooing dulls hair. "In fact, it does the opposite if you use the correct shampoo," says Kingsley. Washing dry hair enhances rather than detracts from it, because hair is dry due to loss of moisture, not loss of oil. "If you wash your hair with a remoisturizing shampoo," says Kingsley, "you're actually helping your hair repair itself. The right shampoo can correct your hair's balance, whether it's dry or oily."

Unfortunately, choosing the right shampoo can be a matter of trial and error, because what's best for you isn't necessarily right for someone else with similar hair.

"I suggest that instead of choosing a shampoo that says oily, dry or normal, choose your shampoo according to your hair's texture," says Kingsley. Also try buying shampoo in the small sample sizes until you've found one you really like.

Permed or colored hair also benefits from daily washing, even though it tends to be drier than untreated hair. Each process causes the hair to tangle more, and if you've had both processes, your hair is doubly apt to tangle. A remoisturizing shampoo and a richer conditioner can help keep treated hair looking great.

Daily washing does, however, create a time problem if you don't have a style you can manage easily yourself. If your morning time expenditure causes you to skip a wash, it's time to think about trying a lower-maintenance style.

HANDLE WITH CARE

The second important factor in attaining shining hair is to keep the cuticles lying smooth. "Processes such as perms and overcoloring are among the main cuticle offenders," says Kingsley. "But even overbrushing can damage your hair." Teasing or backcombing the hair not only scrapes the cuticles in the opposite direction to which they normally lie, but also interlocks the cuticle cells to give the hair height. Continuous teasing weakens the cuticle to the point that it can even be stripped from the hair shaft.

Anything that chemically damages your hair detracts from its shine. This includes sun exposure, chlorine in the water—anything that alters the composition of your hair.

"Excessive chemical processes on the hair [perm, color or straightening] are a major mistake," says Kenneth Battelle, creative genius behind Kenneth's Salon at the Waldorf Astoria, New York. "It's best to decide which you feel makes you look the best and then do only that one.

"When making the choice of a perm or color or any chemical process, do it only because it makes your hair perform and look better to you, not to follow the latest fashion gimmick," adds Kenneth.

HEALTHY SCALP, HEALTHY HAIR

Hair follicles are nourished via your scalp, yet most of us give the scalp little thought. Scalp massage can contribute to your hair's health. It improves circulation and blood supply to the scalp and exercises it. The best time to massage is either before or during shampooing because the massage helps to encourage more oil flow and the shampoo can remove any excess.

Don't scrub or rub your scalp. You press the scalp with your fingertips and knead it. Actually move the skin on the skull beneath. Starting at the front hairline, use a circular movement and work toward the back.

PERFECT CONDITION

There are two basic types of conditioners: daily conditioners and intensive, deep conditioners that are used only

Continued on page 136

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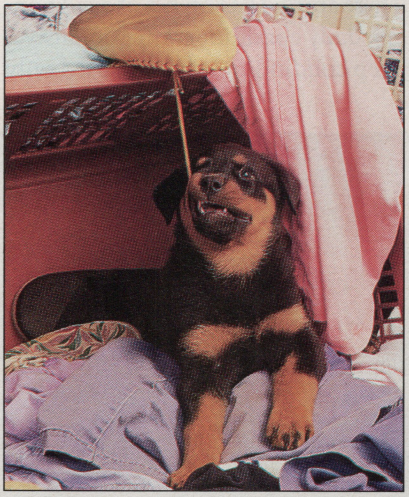
TRAIN THAT PUPPY RIGHT!

Even young puppies can learn good manners ■ *by Amy Marder, V.M.D.*



STEVE ALDEN/WEST STOCK

SO YOU HAVE A NEW PUPPY. Your hands are full. That little terrorist is chewing on the couch, chasing himself in circles and messing the rug—all within two minutes. What can you do?

As a specialist in animal behavior, my experience has made me favor a gentle approach for training. Start out by praising the things a puppy should do, letting the puppy know what is right. Only then should any type of reprimand be used. Reprimands should be mild: a firmly stated "No!" accompanied by a hand clap. Ignoring and social isolation (often called time-outs) are also very useful techniques for training a puppy, once he has some idea of what behavior is expected of him. Always follow a reprimand by praise and by showing the puppy what it should do.

Why do I oppose hitting, grabbing and shaking under most circumstances? I've found that excessive punishment can backfire. Many puppies become afraid of their owners, or they try to fight back aggressively because they don't understand why they are being hurt.

The best time to begin training your pup is when you bring him home, at age eight weeks or older. During the first few months of a puppy's life, he is most eager to please and learn.

When you're teaching your pet basic commands, each session should last just a few minutes. Your puppy will let you know when he's had enough. Some puppies can only stand about 3 minutes at a time. Others may work for up to 20 minutes. Aim for one to two training sessions a day.

The first thing a puppy needs to learn is to pay attention to you. Eye contact will make teaching commands much easier. Encourage your puppy to

Dr. Marder is a clinical assistant professor at the Tufts University School of Veterinary Medicine and animal-behavior consultant to the Massachusetts SPCA and Angell Memorial Animal Hospital, Boston.

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make eye contact with you by saying his name and "Look at me!" while you wiggle your fingers next to your eyes, touch your nose or hold a food tidbit close to your face. When your puppy looks at you and maintains eye contact for a few seconds, praise him (and let him have the treat). Now he's ready to listen.

Sit! Take a food tidbit and hold it in front of your puppy's nose in a closed fist. Then move your fist toward the back of your puppy's head as you say, "Sit." Your puppy's head should move up and back to follow the treat, while the hind end goes down.

As soon as your puppy's behind hits the ground, give him the treat and say, "Good sit." Repeat this exercise 10 times, alternating an empty fist with a treat. Always praise each sit enthusiastically.

Over time, ask your puppy to sit in other situations: before you pet him or greet him; before you put his food down; before you put his leash on; before you open a door for him; during play. Always reward him with praise, and sometimes with a treat, too.

Stay! The stay is really a long sit. To teach it, stand in front of your puppy and ask him to sit. When he does, praise him, but don't give him a treat. Instead, say, "Stay!" as you hold your open palm up toward him. Count to 5. Then give him the treat. Repeat, but count to 10 before you treat. Next, after saying "stay," take one step away from him, hold a moment, then step back and give him his treat. Repeat the process, increasing the distance you step back from the puppy. Go only one step at a time. If your puppy stands up to come toward you, say, "No," and gently return him to the spot at which he started. He only gets his treat for staying put. Over time, start using the "stay" command in everyday situations in which you need it, and substitute praise for treats.

Come! When your puppy will sit and stay, even when you're 10 steps away, you're ready to begin practicing the "come" command. Put your puppy in a sit-stay. Take five steps away and say your dog's name in an excited tone of voice, followed by "Come." Add a whistle if you like. You may also want to open your arms or make some other welcoming gesture.

When he gets to you, praise and treat him. Repeat from 10 steps away and then farther. Play hide-and-seek. Always praise your puppy when he comes to you, even if he has taken a few detours along the way. And by the way, never call your puppy to you to scold him or do anything he doesn't like—for medication or a bath, for instance. Under those circumstances, go and get him. Coming to you must always be a positive experience.

Walking on a leash Buy your new pup a narrow, soft nylon collar and a lightweight leash. Put the collar on the puppy—he'll get used to it soon

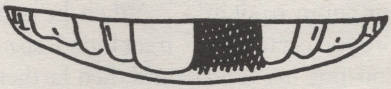
enough. After a day or so, attach the leash and let the puppy drag it around the house for a few minutes. Then pick up the end of the leash and try to get your puppy to follow you. Be shameless: Pat your leg, make funny noises, call his name and walk backward, coaxing him along. In the next session, walk forward while calling him. Change direction frequently, and keep talking to him to keep his attention.

Then go outside and repeat the game. Now your goal is to keep the puppy walking along with the leash loose, so the puppy doesn't get used to walking while pulling. If he lags behind or runs ahead, use a few short, gentle jerks on the leash to get him walking with a loose lead again. Don't expect perfection—he's still a baby.

One of the best ways to get a puppy off on the right paw is to take him to a puppy obedience class—often called puppy kindergarten. These are usually open to pups between 8 and 20 weeks old and meet weekly for 6 to 8 weeks.

Not only will your pet begin learning basic commands, but he'll also have an opportunity to play with new puppy and people friends, which will help to socialize him. You'll have access to an expert who can answer your questions about canine behavior and help you solve problems. Ask your veterinarian to recommend a good class in your area. ■

Will one of the 5 million teeth knocked out this year be your child's?



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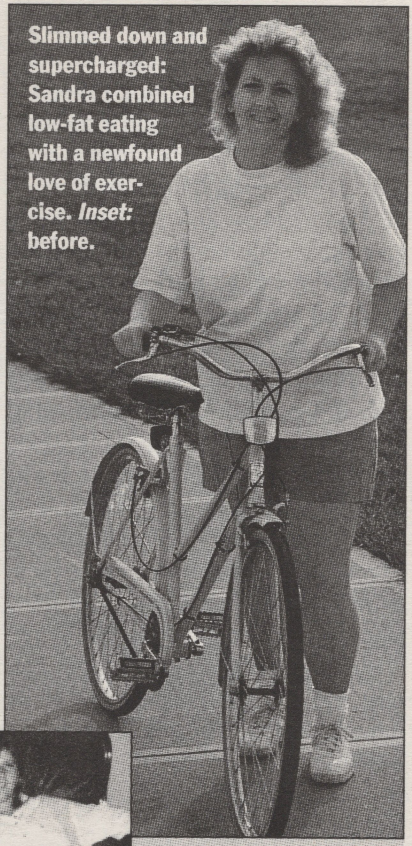
BUILDING A HEALTHY NEW SHAPE

When her weight interfered with her woodworking, she started a new project—and lost 93 pounds!



BOB BARRETT/GAMMA LIAISON

Slimmed down and supercharged: Sandra combined low-fat eating with a newfound love of exercise. *Inset:* before.

For every 20 pounds Sandra Cordell lost, she would gain 30 more. That demoralizing weight cycle continued until, at 32 years old, the 5'5" woman from Olathe, Kansas, tipped the scales at 236 pounds. Along with the weight came an elevated cholesterol level, a pair of aching feet and a weak, painful lower back. Unable to enjoy her woodworking hobby or fit into her size-22-plus clothes, she went back to the drawing board. With the help of a friend, Sandra abandoned calorie counting and fashioned a whole new blueprint for eating. Building on her success, she added the finishing touch: an enjoyable exercise program. And her reward was far more than a lot of pounds lost.

VITAL STATISTICS:
Weight lost: 93 pounds
Other health benefits: lowered cholesterol level, eliminated back and foot pain, increased energy level
Successful strategies: low-fat diet (counting fat grams), walking, family support
Time taken to reach goal: 21 months

"I'VE BEEN HEAVY SINCE I WAS A teenager, and none of the diets I tried seemed to work. When I reached 180 pounds in high school, my mother told me she'd buy me a horse if I'd lose weight. That didn't work, either.

I was a compulsive eater. When I did lose weight, I'd just regain it because I got so tired of depriving myself. I would binge, eating bags of cookies, cartons of ice cream and candy bars.

But something had to change. At 5'5" and 236 pounds, my cholesterol level was an unhealthy 220, and my feet and my back hurt constantly. I was unable to stand for long periods, which restricted the time I could devote to my woodworking hobby. We have a workshop in our home, and I've enjoyed refinishing quilt racks, curio cabinets, even a swing set. It was difficult to keep up with my projects because I was always in discomfort. I blamed the chronic pain on everything from arthritis to a poor mattress, but never on my weight.

Yet it wasn't until one night in January of 1990 that I knew I was really out of shape. As I was dressing for an evening out with my husband, the size-22 clothes I planned to wear were just too tight.

I broke into tears and resolved that my life had to change. But I knew another diet wasn't the answer.

COUNTING FAT

I couldn't afford any of the expensive weight-loss programs, so I took matters into my own hands. The best thing I did was take the advice of a friend, who gave me a chart listing the number of grams of fat in foods. She told me that by lowering my daily intake of fat, I could not only lose weight sensibly but lower my cholesterol level as well. By January 15, I was on my way. The chart was posted in my kitchen. And for me, counting grams of fat became a lot easier than counting calories.

I had read that women need to eat only 40 grams of fat a day to maintain an ideal weight. Since I wanted to lose weight, I decided to limit my daily total to 30 grams or less. Usually, I kept my fat intake at 22 to 25 grams a day.

The selection of food around the house changed overnight. We had always used butter, but I switched to a lower-fat diet spread. Instead of using whole eggs for cooking or baking, I substituted egg whites. Whole milk was out. We drank 2 percent and then made the switch to skim. And frozen yogurt replaced ice cream for treats. I still cooked lots of fish and poultry, but not the way I did in the old days, when my frying pan was in daily use. I baked and broiled instead.

I also changed my snack selections. My daughter was a good fruit eater, but I had always reached for potato chips and other fatty snacks. When I started incorporating healthier snacks into my lifestyle, I realized that I hadn't had a banana in years.

NO MORE STARVING

There was always plenty of food for me to eat. For breakfast, I'd just have my English muffin with jelly instead

of butter, for example. That's only about one gram of fat instead of five. At lunchtime I'd have a big salad or a sandwich with sliced turkey breast. If I felt hungry between meals, I'd fix myself a bagel with jelly or munch on some pretzels. Dinners included a baked or broiled main dish with a salad and vegetables.

By March 15—just two months later—I had lost 25 pounds. But I knew from my reading that diet alone wasn't going to be enough for a lifetime of good health. Walking had helped so many people I knew, that I tried it, too. During my first attempt it took me an hour to walk just two miles. I was really huffing and puffing. But in just three weeks I got accustomed to the exercise.

Soon after, I bought headphones and found a neighbor to join me. In no time we were logging two to three miles a day in just 40 minutes. Rain, sleet or snow—nothing came between me and my walking workouts. And when I saw the results, I would sometimes walk twice a day.

As the weight was dropping, I noticed that my upper body looked a bit flabby and needed some toning, so I started to work out with three-pound dumbbells, doing exercises like biceps curls and side bends. I did exercises for my waist, chest and upper arms. They do take about an hour each night to complete, but they have made quite a difference in my appearance.

THE BIG PAYOFF

I never could have succeeded without the unfailing encouragement I received from my husband and daughter. As I got smaller and my clothes got looser, I was always running out of things to wear. So my husband gave me gift certificates from a local clothing store. That gave me lots of incentive to keep up with my new lifestyle.

After 21 months, I had lost 93 pounds. My bust measurement went from 46 to 36 inches, and my waist from 48 to 30 inches. Another bonus for me was the tremendous surge in energy I experienced. I began to bike and hike, pastimes I never considered before I lost weight. I can walk up several flights of stairs without panting now, and when I work in my yard I don't need to take breaks. The heat doesn't get to me the way it used to, either.

Other things have changed for me, too. Finally I can fit comfortably behind the steering wheel of my car. Walking in front of mirrors doesn't bother me anymore, and I've gained a huge amount of confidence. I'm much more outgoing. In fact, the weight loss even gave me the courage to go out and get a job for the first time in seven years.

I now work as a sales representative for a major toy manufacturer, and I know for a fact that I would not have gotten the job if I had applied two years ago. There were lots

of applicants for the job, and I'm convinced the person I presented at the interview was a more aggressive, self-assured person because of the weight-loss experience.

My foot and back pain have vanished, so I'm able to pursue woodworking again. My cholesterol level is down to 135. I continue to walk and now attend aerobics classes. And for the first time in my life I enjoy going shopping for clothes—size 11/12 now. In fact, my husband took me on a dream vacation to Hawaii for our tenth anniversary, and I actually looked forward to going to the beach.

I still have 13 pounds to go before I reach my ultimate goal of 130, but I don't have any doubt that I'll get there. I haven't discovered any new diet, just a new lifestyle, a new body and definitely a stronger, fitter new me."

Edited by Linda Miller

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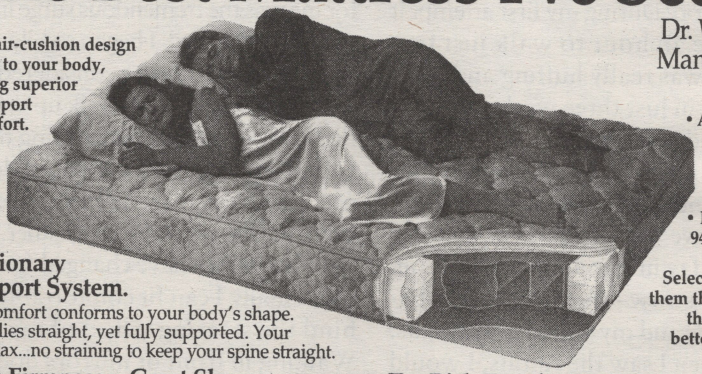

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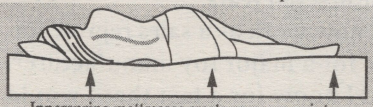

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ALLERGY BUSTERS

Continued from page 51

tis or sinusitis instead, and that needs to be dealt with."

The symptom brigade The most common allergy symptoms break down in this order: 79 percent of our respondents report sneezing; 76 percent, runny noses; 76 percent, itchy, watery eyes; 71 percent, postnasal drip; 69 percent, stuffiness.

About 74 percent report having their symptoms occur both in the morning and at night. Even though symptoms worsen seasonally, 66 percent still get them all year long—underlining the fact that allergies are a constant battle for many people.

"The list of symptoms isn't particularly surprising," says Dr. Montanaro. "Having them all year long is a fairly common phenomenon as well—due to indoor allergens, such as animal dander, mold and dust."

A big-time bother We now enter "WOW!" territory: *74 percent* report that their allergies interfere with work and social life either somewhat or greatly. Roughly *45 percent* say they miss several days of work a year due to allergies, and another *16 percent* report missing work at least once a month. Allergies, it seems, can be on a par with a serious handicap. "That is incredible," says Dr. Montanaro.

"Many people don't realize how much allergies can interfere with work. They create a problem that should not be overlooked by either employers or doctors."

MEDICINE CABINET REMEDIES AND ROGUES

Drugs are very effective, of course, in controlling and combating allergies and infections. But, like the villains they're designed to destroy, they can sometimes cause some trouble, too. Nearly *40 percent* of our respondents, for example, report that the medications they take often interfere with the quality of their lives. To Dr.

PETS AND ALLERGIES

Only 33 percent of the respondents in our survey report not owning pets because of their allergies–another 13 percent found them another home–suggesting there may be many folks with allergies who still have pets and endure the consequences for the sake of furry companionship.

As far as strategies for easing the discomfort of pet-induced allergies, many respondents are missing the boat. Only 19 percent isolate pets in safe rooms, and only 22 percent bathe them regularly. "Many people may be suffering needlessly by not taking some simple steps to avoid the allergens," says Anthony Montanaro, M.D.

"I know people don't like to hear it, but the best treatment is to not have a pet," says Harold Nelson, M.D. "But if you can't bear parting with your pet, at least keep it out of the bedroom and wash the pet weekly. Those are simple steps, but they definitely help."

Montanaro, that isn't that surprising. "The sad thing is that people may be overlooking newer drugs that interfere much less with daily activities," he says. "Doctors need to get these drugs to their patients. Cromolyn, nasal cortisone and inhaled cortisones are examples of drugs with very few side effects."

Over-the-counter drugs OTCs are taken a lot—and often may not be taken carefully enough. For example, *91 percent* of the survey respondents report taking OTC medications, and out of those, *57 percent* report side effects. "That's further proof that 'over-the-counter' doesn't necessarily mean 'safe,' " says Dr. Montanaro.

"There's a fine line between taking too little and too much, and allergy sufferers sometimes aren't the best at individualizing their drug medication doses." Engineer the drug combinations yourself and you may end up knocking yourself into "la-la land" if you don't get it right. Don't be an amateur alchemist. Your allergist or pharmacist can help—tailoring the dose to your needs without sending you into a mind-mushing stupor.

Another problem you must be aware of is the wide array of release mechanisms. A 4 milligram product, for example, may send you reeling, but an 8 milligram one may not—because the larger dose is operating in a time-release fashion, slowly dissipating through your body instead of hitting you all at once with a large dose. Despite their easy access, OTCs can be tough going when it comes to side effects. These may include drowsiness (with 62 percent of respondents reporting it), nervousness (36 percent), slow response (30 percent) and agitation (28 percent).

"A lot of these side effects, particularly sedation and agitation, can be very dangerous if the person is driving a car or operating some other kind of heavy machinery," says Dr. Montanaro. Forty-two percent in the survey report taking medication when they drive—and out of this group *48 percent* report side effects. "This problem could be avoided," adds Dr. Nelson, "if people switched to drugs with less of these side effects—nasal steroids and nonsedating antihistamines, for example."

Of the respondents, 32 percent report another major no-no—taking drugs with alcohol. That figure rose to 41 percent in the younger age-group of 18 to 29. "It goes without saying that this is a practice that can result in serious consequences," says Dr. Montanaro.

Another mistake that a few respondents make comes under the doctor-patient realm. Only 27 percent say they inform their doctors when they stop taking OTCs; only 9 percent report telling their pharmacists. And *44 percent* don't tell anyone. This finding suggests respondents aren't com-

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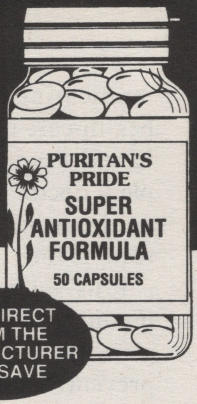

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municating effectively with their health-care professionals. This can have deleterious effects if, for example, a doctor prescribes a drug without knowing what his patient is already taking.

Plus, 51 percent report taking medications when symptoms begin—and only 30 percent use them as preventive measures. "Using them preventively serves the patient better in the long run by heading off the attacks," says Dr. Montanaro. "Therefore the drugs become more effective preventively, and you may require less of them."

Prescriptions Over *91 percent* report taking prescription medications. But many don't tell doctors when they do have side effects: Only 55 percent inform their doctors, while 10 percent tell their pharmacists. And 17 percent report stopping the drugs without telling anyone. "People also stop taking their drugs because they forget, they feel better or they don't feel they need them," says Dr. Nelson. "Even though it's their decision, obviously it would be better if they would talk to their doctors about side effects and whether to discontinue treatment." Adds Dr. Montanaro, "If the drug doesn't work, the patient needs to tell his doctor, or else she may prescribe it again the next time."

Antibiotics When it comes to following directions, 16 percent report they really don't. They take their antibi-

IN READERS' WORDS

Here's a sampling of respondents' comments about what they perceive to be their most successful allergy fighters:

- **"Steroid nasal sprays are the best, most effective products I've ever used. I actually felt like a normal person and was able to enjoy the beautiful fall weather, instead of praying for frost to kill the pollen off."**
- **"I have allergy-induced asthma, which slowly turned into exercise-induced asthma. I never exercised and only gained weight. Finally I realized that getting the extra 50 pounds off would help my lungs work better to help fight my allergies. And this has really worked! A low-fat diet, moderate exercise and vacuum, vacuum, vacuum!"**
- **"I was using OTC medications and allergy shots, but they weren't working. Over a year ago my family doctor started me on sprays and inhalers. My life has improved dramatically. I have no more side effects from oral drugs. I experience fewer headaches and a reduction in sick days due to allergies."**
- **"My allergies steadily got worse as I got older. But when I started walking four to six miles every day and started swimming, my allergy tests showed dramatic improvement."**
- **"Nonsedating antihistamines have been wonderful. Since I've been taking them, I have had almost no symptoms except an occasional sneeze. Even my severe skin rashes have cleared up. I also sought out an allergist, and though it cost some money, it really helped."**

otics, stop and save some for next time or throw the rest away, instead of completing their whole course. "That 16 percent may sound high, but actually the fact that two-thirds (68 percent) do complete their course indicates your readership follows directions—more so than the general population," says Dr. Montanaro. Of course, completing the course is extremely important in ridding yourself of a sinus infection for good. The incidence of sinus infections has skyrocketed, and this may be in part due to folks stopping instead of completing their full course of drug treatments.

"The problem is some people quit taking their drugs when they feel better, and that allows the infection to flare up again," says Dr. Nelson. "Another potential problem occurs when patients take the drugs for the proper length of time but miss many doses during the regimen." That also leaves an open window for a return infection. "Obviously, people were able to recover from these infections well before antibiotics were ever invented, but these drugs are still the best strategy for preventing chronic problems," says Dr. Nelson.

Saving antibiotics for a rainy day may have other consequences, too. "That saved antibiotic may not be the right one the next time for that particular infection," says Dr. Nelson. "Don't self-treat with prescription drugs—consult your doctor first."

What's the dose Roughly 40 percent of the survey respondents report taking more than the normal dose of their OTC medications. For those in the age-group 18 to 29, it was almost *59 percent*. This suggests, perhaps, that these folks may need to try a more potent prescription drug or learn to take the medication at better times (i.e., preventively) so they can use less. Very few people report taking less than the prescribed dosage. Although one would think that lighter women would need less medication because the normal dosage (geared for an average man) may overpower them, there seemed to be no weight connection at all.

KEY ANTI-ALLERGY STRATEGIES

Here are the environmental strategies and home remedies that the survey respondents perceive to work for them. Their reported overall use and effectiveness ("somewhat effective" and "very effective" are combined into one group) are listed below.

The important thing to remember here is that a high "effectiveness" rating doesn't necessarily mean that a remedy *is* effective. Research is needed to tell us that.

But many of the remedies that get high marks also are backed by science or are considered good bets by allergy experts. Take a look:

ENVIRONMENTAL ACTION

■ 68 percent of respondents report the use of air-conditioning in their houses, and 93 percent of them report finding it effective

■ 70 percent air-condition their cars, with 91 percent of them reporting it to be effective

■ 57 percent report replacing feather pillows with synthetic ones, with 93 percent perceiving it to be effective

■ 52 percent report avoiding mold and mildew by keeping bathrooms and other rooms clean, with 94 percent perceiving this as effective

■ 42 percent report using a humidifier, with 78 percent perceiving it to be effective

■ 41 percent take a shower after being outside, with 91 percent reporting that as being effective

■ 39 percent wear a face mask when mowing lawns, vacuuming and other tasks, with 87 percent labeling these practices effective

■ 39 percent use air cleaners, with 86 percent finding them effective

■ 34 percent of our respondents report washing mattress pads often with hot water, with 87 percent reporting that to be effective

■ 31 percent increase ventilation at work and home, with 85 percent finding it effective

■ 31 percent choose inoffensive plants to reduce allergic reactions, and that reportedly helps about 90 percent of the respondents who do it

■ 30 percent use mattress covers—sealing bedding in plastic—with 83 percent of them reporting this to be effective

■ 27 percent of survey respondents use a dehumidifier, with 72 percent reporting that to be effective

■ 27 percent remove clothes after being outside, with 89 percent reporting that as effective

■ 26 percent pretreat with antihistamines before exercising, with 84 percent of them reporting it effective

■ 26 percent choose specific times to exercise, with 82 percent reporting that as effective

■ 26 percent use electronic air cleaners, with 82 percent reporting them to be effective

■ 20 percent of the respondents remove carpeting, with 83 percent reporting that as effective

■ 19 percent wipe down humid areas with fungicides, with 85 percent reporting that action to be effective

■ 18 percent eliminate cockroaches and other insects, with 80 percent finding that to be effective

■ 17 percent use high-efficiency particulate air filters, with 87 percent reporting them to be effective

■ 16 percent use throw rugs that can be taken up for frequent and easy cleaning, with 71 percent reporting this to be effective

■ 15 percent hire a professional cleaning service, with 80 percent reporting this to be effective

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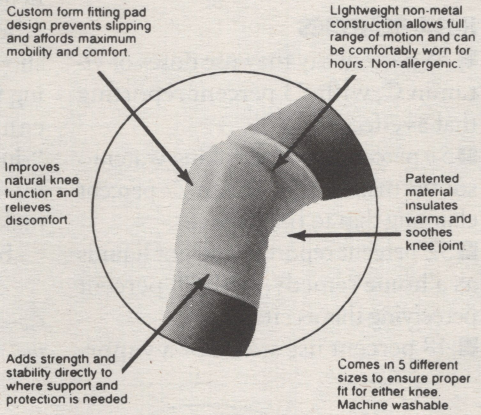
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■ 15 percent use products to get rid of dust mites, with 77 percent reporting this effective

■ 12 percent create a safe room (no carpeting, sealed off, no pets, air-conditioned), with 85 percent finding this measure to be effective.

HOME REMEDIES

■ 55 percent say they use doses of vitamin C, with 73 percent reporting that as effective

■ 53 percent report drinking water to soothe their allergies, with 77 percent claiming that to be effective

■ 52 percent report trying hot liquids as a home remedy, with 78 percent perceiving this as effective

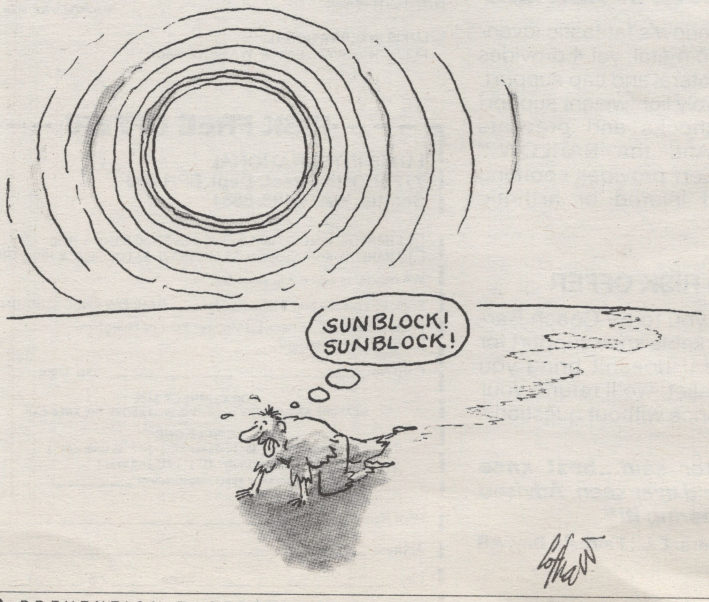
■ 48 percent use steam or a vaporizer, with 78 percent of them reporting that to be effective.

■ 44 percent of our respondents report practicing some type of stress reduction, with 74 percent of them perceiving that as effective.

Note: "Some home remedies can be helpful," says Dr. Montanaro, "but when they don't work, the patient should see her doctor." Beware of using vaporizers, he adds, because they can promote mold growth. Also, "dust mites require a moist environment to thrive, so a vaporizer may make matters worse," he says.

by Greg Gutfeld and Gerald Klein, M.D., with Cemela London

Gerald Klein, M.D., is director of the Allergy and Immunology Medical Group in Vista, California.



LIFESAVERS

Continued from page 63

■ Most deaths among school-age children from medication are intentional overdoses, according to Soloway. So watch your child for signs of persistent sadness, behavior changes and talk about death.

8 If parents took a minute to restrain their children properly in a car, as many as 800 children's lives could be saved and thousands of injuries avoided. More children in the United States are killed or crippled by car crashes than by any other cause. That's why every state requires infants and children to ride buckled up. But many cars' backseats have only lap belts, not three-point shoulder belts, which weren't required in backseats until 1990. And some children are injured by lap belts when they probably would not have been injured if they'd also had

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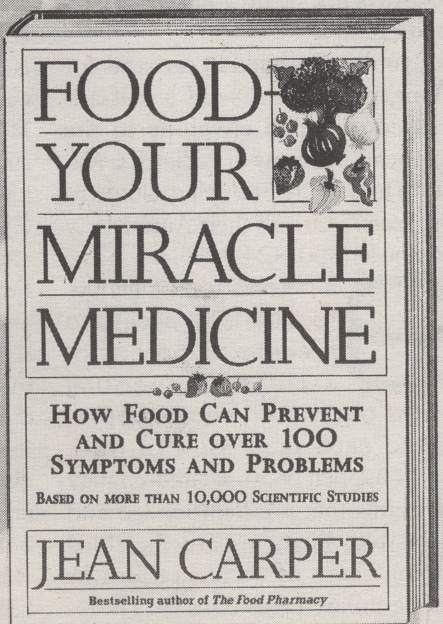
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a shoulder belt on. Lap/shoulder belts prevent the body from jackknifing and disperse impact over a wider area than lap belts.

■ Retrofit kits cost about $30 and up, depending on the model and year of your car.

■ A lap belt should fit snugly against a child's thighs, not across the abdomen, to prevent belt-related injuries.

■ Don't use a shoulder belt for a child who isn't big enough. If the belt crosses his throat or face, the child is too small and should use a booster seat. Some booster seats position lap and shoulder belts correctly.

■ Always buckle up yourself to set a good example.

■ If you're interested in car seats for younger children, send a self-addressed stamped envelope to the American Academy of Pediatrics. Ask for "The Family Shopping Guide to Car Seats." Or call their Auto Safety Hotline at (800) 424-9393.

9 If parents took a minute to limit kids' access to firearms, hundreds of accidental shooting deaths of children could be prevented each year. Most of these deaths happen because children play with guns that are kept loaded and accessible. Firearms are the third leading cause of accidental deaths among children ages 10 to 14. The fatality rate for boys is seven times higher than for girls.

■ If you own firearms, keep them locked up and unloaded. And lock ammunition separately from the guns.

■ Put safety locks on the guns.

■ The best policy: Don't keep firearms in the home. Store them elsewhere.

10 If parents took a minute to install smoke detectors and take other simple measures to prevent house fires, the deaths of approximately 1,200 children might be prevented each year. In many states, more children die in house fires than in vehicular accidents. The most common cause of house fires: smoldering cigarettes. Such fires typically occur at night, giving off toxic fumes that kill children in their sleep. Another cause is children playing with matches and cigarette lighters.

■ Install smoke detectors and make sure they work. Even better: a sprinkler system.

■ Have easy ways for both children and adults to exit the house in case of fire. Train children to plan an escape and crawl under smoke.

■ Teach children to "drop and roll" if their clothing catches fire.

■ Install fire extinguishers.

■ Keep cigarettes, matches and lighters away from children. Don't leave them anywhere where children can easily see or take them.

■ If you smoke indoors, never do it in bed or reclining anywhere.

by Cathy Perlmutter
with Maureen Sangiorgio

SWEAT SOLUTIONS

Continued from page 73

them at night before bed, since your nervous system is less active when you're asleep. In the morning, shower as usual, then apply regular antiperspirant to the underarms. Two or three applications of this combined treatment should keep you dry for another three days.

Note: Super-antiperspirants can be damaging to fabrics, so jump into old pajamas or sheets. And they can be irritating to your skin, so you may need a lower concentration. If the irritation persists, check with a dermatologist.

Zap it! Applying low-amperage electric current to already sweaty areas sounds like a recipe to curl your hair, but it's actually a very safe treatment called *iontophoresis*.

The current comes from small, battery-powered, boxlike devices (rectangular for hands and feet, folded over for underarms) and is transferred via wet wool pads.

Iontophoresis used to be something patients got as a doctor's-office treatment, but smaller, home devices (the pair for hands measures about 5 by 10 inches each) have made it easier to use them as required: It usually takes 20 to 30 minutes per day for 10 to 14 consecutive days to keep sweat at bay for about six weeks.

Information on how to purchase iontophoretic devices can be obtained from your dermatologist. If prescribed by a physician, some insurance companies may cover their cost (about $125 per pair). You can, however, purchase them without a prescription.

AND MORE

While these are the favored options, there are others. Prescription oral medications can cut down sweating. But they tend to dry up things everywhere else, leaving you with a dry mouth, dry eyes, a slowed heart rate and constipation.

"For most patients," says Dr. Elgart, "the side effects are worse than the problem they're hoping to cure."

Ultimately, the best control for excessive sweating is the one that disrupts your life the least. When you find a method that works for you, you can wash your hands of heavy-sweating hassles and humiliations.

by Marty Munson

OUR SOURCES: Richard L. Dobson, M.D., *professor of dermatology, Medical University of South Carolina, Charleston;* **Mervyn L. Elgart, M.D.,** *chief of dermatology, George Washington University, Washington, D.C.;* **Jerry Kiffer, M.A.,** *stress-management therapist, department of psychiatry and psychology, biofeedback section, Cleveland Clinic Foundation, Cleveland;* **Norman Levine, M.D.,** *chief of dermatology, University of Arizona Health Sciences Center, Tucson;* **John F. Romano, M.D.,** *clinical assistant professor of medicine, Cornell Medical Center and New York Hospital, New York.*

MUSCLE

Continued from page 80

the rest when you change from one exercise to a new one that works different muscles. You may have to rest only a minute or less between a leg press and a bench press, for example, since the former targets the legs, and the latter hits the chest.

TWO SETS AND YOU'RE SET

Remember that you perform exercises in sets, which are groups of repetitions done successively, with rest in between each group. The key is to do enough, but not to go overboard. But how many is enough?

When you're lifting weights, you're constantly breaking down muscle that is later rebuilt with a bonus. One powerful set hits the muscle hard. Another set repeats the process but to a lesser degree, as your muscles fatigue more. Same for a third set.

As you go on, improvements in strength and muscle mass get smaller and smaller. "The number of sets begins to mean very little," says James Graves, Ph.D., exercise physiologist from the University of Florida, Gainesville. "If you exercise to momentary fatigue or muscle exhaustion, you have used most fibers in the muscle. That's really what you want." You can do that—believe it or not—in just one or two sets.

"By trial and error, researchers and athletes have found that once you've depleted the energy from the muscle and tired it out, the extra sets aren't worth the time required to complete them," says Dr. Graves.

The law of diminishing returns starts coming into play—"unless, of course, the participant has specific goals related to muscle size and endurance," he says.

Less, therefore, may mean more. As long as you push your muscles to fatigue—where you can barely lift the weight at the last repetition—you've done the job.

Settle on one or two sets per exercise. After that—by doing three, four or more—you aren't substantially upping the load as much as you did with that increase from one to two sets.

In each set, do your repetitions in a slow, controlled fashion, concentrating on the movement. Make it last roughly 6 seconds—2 for the phase when you're bringing the weight up (called the *concentric* phase) and 4 for the phase when you let the weight down (called the *eccentric* phase). By doing this with a reasonable weight, you tire the muscle fully.

By doing more sets with a minimum rest interval, you may be building endurance, but further improvements in muscular strength are minimal. "You get infinitely more out of doing a few slow sets than you get by doing six sets real fast and sloppy," says Dunphy.

Think about it—2 sets of 10 repetitions at 6 seconds a pop. Throw a 2-

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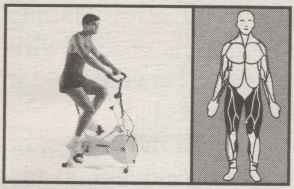

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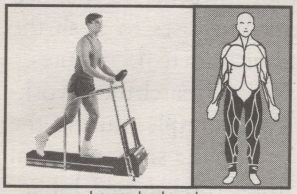

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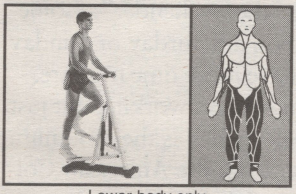

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minute rest stop in between the sets and you've got 4 minutes total for the muscle group. Not much, eh?

The same goes for abdominal exercises. Many folks feel the need to spend hours on that section of flesh, when only a handful of repetitions will do. Don't do 1,000 abs—do 20 slow, hard ones.

"Eccentric sit-ups—when you stress the movement slowly on the way down—are a perfect example of an exercise that creates full intensity with very few reps needed," says Dunphy. "You can do all the reps and sets in the world, but without the tension brought on by the eccentric phase, forget it."

Aim for a full repetition every time. When you can't do most of your full range of motion in any exercise while keeping the weight under control, it's time to quit. And remember—if you're just beginning, don't knock yourself out. Get your body used to lifting weights by using light amounts and going slow. As you get comfortable with the exercises, then you can start pushing yourself a little harder. At that point, you should exercise with a partner—someone who can monitor you (and you them) in case the weight is more than you can handle.

TWO WORKOUTS THAT WORK

Strength-training workouts can last two or three hours, and you may spend only minutes actually doing any real work. We're out to change that. Below is a program that incorporates all the tips from above. We're talking total work, no waste—hitting all the major muscle groups with enough rest time in between. And it adds up to 30 minutes flat.

If you want a little more mass, or you just want to spice things up and you've got the extra time, we've added a few specific exercises to push the time commitment up to 45 minutes.

You can mix and match these workouts, too. For example, during the week, you can do the short program twice and then reserve one longer workout as "the weekender"—something to do on a Saturday or Sunday when you have more time to spare.

Or if you plan on working out just twice a week (which is the minimum prescription from the American College of Sports Medicine), you can alternate one with the other. Remember to take it slow, and check with your doctor if you have any medical conditions that may interfere with exercise.

30-MINUTE FLEX

- 2 Sets of Leg Presses—1 minute per set, with 2 minutes rest between sets; 1 minute rest between last set and next exercise: bench press.
- 2 Sets of Bench Presses—1 minute per set, with 2 minutes rest between sets; 2 minutes rest between bench press and next exercise: rows.
- 2 Sets of Rows—1 minute per set

with 2 minutes rest between sets; 2 minutes rest between last row and next exercise: military press.

■ 2 Sets of Military Presses—1 minute per set with 2 minutes rest between sets; 2 minutes rest between last set and next exercise: lat pull-downs.

■ 2 Sets of Lat Pull-Downs—1 minute per set with 2 minutes rest between sets; 1 minute rest between last set and next exercise: abdominals.

■ 1 set of Abdominals (2 minutes).

All done!

Total time: 12 minutes of exercise + 18 minutes of rest = 30 minutes flat.

45 MINUTES FOR EXTRA TONE

■ If you have the time to sink your teeth into a meatier workout, try this one on for size. Just do the same as above, but continue on with 1 minute of rest between abdominals and the next exercise: biceps curls.

■ 2 Sets of Biceps Curls—1 minute per set with 2 minutes rest between sets; 1 minute rest between last set and next exercise: leg extension.

■ 2 Sets of Leg Extensions—1 minute per set with 2 minutes rest between sets; 1 minute of rest between last set and next exercise: triceps push-down.

■ 2 Sets of Triceps Push-Downs—1 minute per set with 2 minutes rest between sets.

Total Time: 30 minutes of first workout + 6 minutes of new exercises + 9 minutes of rest = 45 minutes flat.

by Greg Gutfeld

WALKING BUDDY

Continued from page 104

club as to which breed would best suit your needs and your family's lifestyle.

If you have a dog who has not been exercised regularly, let your vet examine him and then advise you how far and how fast he can go as he warms up to your walking program.

THE KID CONNECTION

Children can be great walking partners, provided you're walking toward some destination they have a great interest in. If you ask your son or daughter to just "go for a walk," there's a good chance you will either be ignored or ridiculed. But kids love to walk to video arcades, ice-cream parlors or baseball-card stores. The distance never seems to be daunting if the end goal is enticing enough. And you can have lots of fun and exercise along the way.

When walking with young kids, remember: You're the adult, the one with the ability to adapt. Walk slowly enough to match their pace. Don't walk so far or so fast that they'll never trust you enough to go with you again. And don't take it as an opportunity to lecture to a captive audience. Smile. Relax. Let them talk, and enjoy their company.

WALKING AT WORK

The workplace can be fertile ground for finding walking partners. Every-

body gets breaks, and a walk break can be a better stress reducer and rejuvenator than coffee or a doughnut.

Try to plan at least some of your lunch hour as walking time, too. Don't skip your meal, but even a 15-minute walk is a great stress reliever.

Look for various kinds of partners. On days you're not up to working up a sweat, find somebody who likes to stroll, and someone else for those half-hour hill strides that are worth 1½ hours of level walking. Walking with people you work with allows you to get to know each other outside the pressures of the job. You may develop an easygoing rapport along with a better-toned body!

Keep an extra pair of walking shoes and socks at work so you can be ready at a moment's notice. For really brisk walking on a warm day, you may want to change into athletic clothing. But on cool days, just slipping into your comfy walking shoes can energize you for a brisk walk.

Try to find partners who are generally equal to you in stamina. Don't try to keep up with anyone who is really too fast for you. It's not worth the risk of injury. If she is carrying on most of the conversation as you gasp for breath, slow down!

WALKING ON COMMON GROUND

To keep motivation high, it's best if your most frequent walking partner has the same agenda as you. Either she wants to lose weight, work off stress, increase her endurance and general fitness level, or all of the above. Maybe you both like to bird-watch or enjoy window shopping while you walk. Whatever pleasures or goals you have in common will help to bring you together again and again for health-building walks.

by Maggie Spilner

'CHRISTMAS IN CHARLESTON' SOLD OUT!

The response to our "Christmas in Charleston" Walkers Rally in Charleston, South Carolina, December 3–5, was so great, we've cancelled promotions for September and October. In fact, readers were so anxious to make the cut-off, we were sold out by the end of July! Hundreds of *Prevention* walkers will gather in South Carolina. If you sent your check and registration form in too late, we'll return your check and add you to a waiting list in case of any cancellations. We're looking forward to walking with our readers through historic Charleston and the beautiful Middleton Place Gardens, and listening to Dixieland jazz while we feast on low-fat, Lowcountry cuisine. Watch for a review of our weekend sometime next spring. We'll be looking for another walkable American city for a possible rally in 1994. If you have any suggestions, send them to us!

"You Can Beat Cancer. Ask My Granddaughter."

Sue Walters (right) at home in Ohio with her granddaughter, Mindi.

"I have five grandchildren. Derrick, Mindi, Michael, Blake and Nicholas.

"But there was a time not so long ago that I wasn't sure I'd live to see them grow much older.

"No one seemed able to keep the cancer in my breast from coming back, or stop it from spreading to my bones. I was 42 years old and didn't have much prospect of seeing 43.

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"I like their restrained attitude toward drugs. My chemotherapy was always administered in small doses. And they made nutrition — strengthening my body's own defenses — a priority, so it could help fight the cancer.

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"I can't tell you how important that is; I can't think of anything more important.

"Except Derrick, Mindi, Michael, Blake and Nicholas."

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Continued from page 109

occasionally. Daily conditioners are used mainly to detangle, which helps prevent mechanical damage to the hair's surface.

Intensive conditioners usually need to be applied only once or twice a week or less. For the optimum effect and maximum convenience, apply a deep conditioner before you wash your hair. Allow it to be absorbed for a few minutes, while you gently work it into the hair with your fingertips. You can apply before you shower, then shampoo and use your regular conditioner afterward as normal. Chemically treated or damaged hair usually responds best to a weekly deep conditioner. Moderately dry hair probably only needs it once or twice a month.

"The main drawback is the boredom of doing it. There's no doubt that your hair looks better if you deep-condition regularly," says Kingsley. "Other errors are too much conditioning or using the wrong conditioner, especially if your hair is porous. It can make hair limp and greasy and lie flat on your head."

DIET

What you eat can't affect existing hair. The only thing that affects that is external conditions—sun and chlorine damage, for example. Although you can't affect old hair by what you eat, your diet can disrupt its growth cycle and hair-cell reproduction.

"The classic example of a poor diet's effect is thinning hair such as I've seen in anorexics [people with an eating disorder]," says Kingsley. Eating three healthy, well-balanced meals and eating at regular times can help give your hair the proper start. Missing meals on a regular basis—such as always skipping breakfast or lunch—drains your energy levels, and the nutrition requirements of your hair follicles aren't met.

"An interesting sidelight is that the hair follicle is one of the most prolific cell reproducers in your body," says Kingsley. "But the hair follicle is nonessential tissue. So if there's anything going wrong nutritionally, your hair follicle is one of the first things to suffer and the last to benefit because your body uses up all the nutrients for essential functions first."

FOR BETTER OR WORSE—IT'S UP TO YOU

There are no scientific tests to determine which hair-care product might be the best one for you. What you can do is to pay attention to what works and what doesn't.

"I truly believe that great-looking hair comes mostly to the client who understands her own hair as well as or better than her stylist does," says Kenneth. "A personal hair-care regimen followed daily can help anyone have model hair."

by Pamela Boyer

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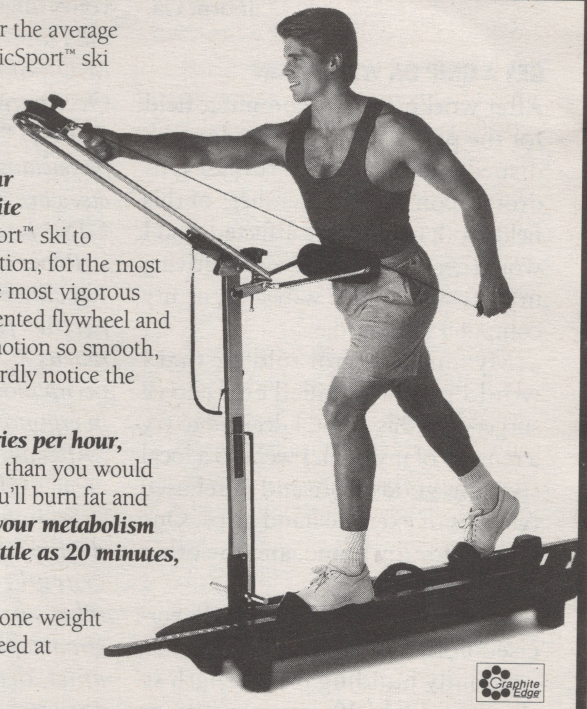

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Continued from page 36

Thanks again for making others aware of this. It's hard to find articles on this subject.

C.M. Ogrich
Lilburn, Ga.

GET A GRIP ON WRIST PAIN

After working in the computer field for the past 25 years, I developed a disorder called carpal tunnel syndrome, common to members of this field. Both hands were afflicted, and I would get severe attacks while driving my car and while working at my computer keyboard.

My family doctor told me that I would probably need corrective surgery. At this point, I decided to try a remedy of my own. I went to a local sporting-goods store and purchased two sets of exercise hand grips. One set was for my home, and the other was for my office.

Three or four times a day, I exercised both hands using these grips, gradually building my strength so that I could do 20 or so repetitions during each session.

I started this procedure one year ago and have not had a carpal-tunnel attack since then.

George LaBarbara
Floral Park, N.Y.

Editor: *When carpal tunnel syndrome (CTS) is raging and inflamed tendons are putting pressure on the median nerve in the wrist, causing pain anywhere from the fingertips to the shoulders, experts generally prescribe rest for the wrists.*

Between flare-ups, however, a wrist-strengthening program like yours might be effective if you have a mild case of CTS, says Thomas Hales, M.D., of the National Institute for Occupational Safety and Health in Denver. "General consensus among physicians is that strengthening exercises are effective for prevention of CTS," he adds.

Proceed with caution, however. Repetitive exercise can actually cause *further flare-ups in some people, warns Susan Isernhagen, physical/occupational therapist and consultant in ergonomics in Duluth, Minnesota. "After all, one of the stress factors that creates CTS is heavy gripping."*

So before you embark on a self-designed treatment program, it's crucial to consult with someone who's used to treating repetitive-strain injuries, such as a physical therapist, orthopedic surgeon or hand surgeon. He or she may be able to guide you in an exercise program that's right for your injury.

Walker's Mail

'UNSIGNED' UNDONE

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Continued on page 142

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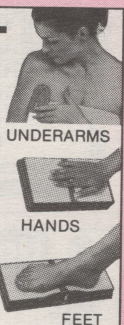

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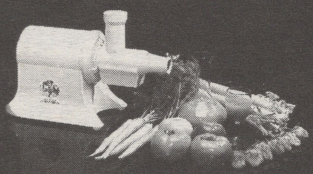

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that we've done plenty in Gainesville (and "Unsigned" probably also believes we've done plenty in America) to encourage pedestrians and cyclists. It scares me to think that in my town, where I walk and bike on the supplied sidewalks and bike lanes (where available), there is some nut loose driving a one-ton bullet and that he could disable or kill me on a whim.

Gainesville is loaded with cyclists, pedestrians and joggers. It's so refreshing to see people using their bodies and enjoying the outside.

There are also plenty of drivers. I count myself among them, too. Unsigned said in the letter that "we have to pay to drive our cars on roads, so keep your behinds off our roads." I wish I knew what Unsigned is referring to. There are no toll roads in Florida that allow pedestrians or cyclists. If Unsigned is referring to taxes, let me assure him I pay my fair share. I get no tax breaks for saving our energy supply and environment when I ride my bike or walk instead of using my car.

Sandra Pomroy
Gainesville, Fla.

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I must respond to "Unsigned" in your recent issue—the one who wants to throw bikers and walkers off the highway. Frankly, I'm surprised that she/he reads *Prevention*. The idea has apparently not occurred that both activities work to prevent premature aging and many illnesses, as well as to prevent environmental pollution.

My attitude is to bless all the energetic folks I see engaging in these activities and to give them every possible consideration on the road.

In addition, I think this reader would find that most jurisdictions clearly state that bike riders have as much right to the road as cars. In any event, I hope that our fellow reader keeps reading. She/he might catch on to the *Prevention* attitude in time!

Susan E. Shaffer
North Brunswick, N.J.

MAILBAG is an exchange of ideas on health-care issues and experiences among interested readers. Letters should not be construed as scientific information or as substitutes for professional medical advice. Address letters to: *Prevention* Readers' Service, Attn: Mailbag, 33 E. Minor St., Emmaus, PA 18098. If we publish your letter, we'll send you a copy of Rodale's new book, *Prevention's Complete Nutrition Reference Handbook.*

SHORT&SWEET

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❑

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❑

You can kick nighttime leg cramps . . . by limbering up lazy legs during the day, cutting back on too-strenuous leg activity or taking over-the-counter quinine-sulfate tablets. It's believed that nocturnal spasms, which hit older people and athletes the hardest, are caused by a sudden shift in the electrical currents that allow your muscles to contract. OTC quinine-sulfate tablets, available at pharmacies and taken according to label instructions, can help to stabilize the currents. Doctors have also observed that you can coax the cricks out of sedentary folks' legs through daytime walking or calf stretches, and by making sure that even the more active people don't put average-Joe legs through marathon activity. When you're struck by a night spasm, walk it off in your bedroom or around the house.

by Beth Higbee

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